

Caernarvonshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1954

SHREWSBURY :
WILDING & SON LTD., PRINTERS
CASTLE STREET

Caernarvonshire County Council

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CAERNARVONSHIRE COUNTY COUNCIL

To the Chairman and Members of the Health Committee

LADIES AND GENTLEMEN,

Although the infant mortality rate has for the last three years been below 30, I am convinced that it could be reduced still further if more Health Visiting staff were provided. The rate has been reduced by 40 per cent or two-fifths in the last ten years.

Tuberculosis

Details concerning the Tuberculosis Service will be found on pages 56-61. The death rate is now fifty-one per hundred thousand of the population but is still more than twice as high as the average rate for England and Wales. As a result of a reduction in the number of deaths during the last few years there is now also a reduction in the waiting time for admission to a Sanatorium. Although the death rate from tuberculosis is being reduced there does not appear to be a corresponding reduction in the number of new cases discovered. To educate a tuberculous person to live without being a danger to himself and his family is often a difficult and long process. Immunisation with B.C.G., coupled with the recognised public health measures which have been adopted for many years, are the most effective measures of prevention. Educational work of this nature is very time consuming and requires more Health Visiting staff than the Council now engage.

Diphtheria

For the third successive year not one case of diphtheria has been recorded in the county. During the last eight years only one person has died from the disease and he had not been immunised. The remarkable reduction in incidence and deaths will be seen in the graphs on pages 50-51.

Details of all the services provided by the Council will be found in subsequent pages, which will repay close attention. The main restrictive influence on further public health progress is finance. It is refreshing and rewarding to observe that more people of influence are realising slowly the fundamental necessity for diverting some of the money and other resources from attempted cure to prevention and positive health.

I am grateful for the unfailing support of the Chairmen and members of the various Committees. Officers and members of many Voluntary Organisations have continued to render valuable assistance throughout the County.

I also thank all members of the staff who maintained the high standard of service in the Department.

D. E. PARRY-PRITCHARD

COUNTY HEALTH COMMITTEE

DECEMBER 1954

Chairman : ALDERMAN OWEN ELLIS

Vice-Chairman : COUNCILLOR GRIFFITH I. EVANS, J.P., M.D., F.R.C.S.

ALD. MRS. A. FISHER, M.B.E., J.P.	COUN. J. EVANS JONES
„ E. R. JONES	„ DR. O. VAUGHAN JONES
„ J. T. JONES	„ LEWIS JONES
„ R. J. GRESLEY JONES	„ CAPT. S. T. A. LIVINGSTONE-
„ CAPT. R. O. JONES	LEARMONTH, J.P.
„ MRS. E. M. MARKS, J.P.	„ A. MACFARLANE
„ O. GWYRFAI OWEN	„ W. TREFOR MATTHEWS
„ HUGH PARRY, C.B.E.	„ MRS. C. A. MIDDLETON
„ J. HOWELL ROBERTS	„ THOMAS MORRIS
„ W. W. SPIER	„ ROBERT OWEN
„ JOHN THOMAS, J.P.	„ A. IVOR PARRY
COUN. MRS. E. CHAMBERLAIN,	„ E. O. PARRY
M.B.E., J.P.	„ H. HUGHES PARRY
„ A. H. DAVIES	„ W. J. ROBERTS
„ G. BUAN DAVIES	„ J. G. ROBERTS
„ O. T. DORKINS	„ ROBERT ROBERTS
„ REV. H. OLIVER EVANS	„ E. D. ROWLANDS
„ ALUN J. HUGHES	„ J. T. ROBERTS
„ J. O. HUGHES	„ R. SHELMERDENE
„ A. HUGHES JONES	„ D. EMRYS WILLIAMS
„ D. T. JONES	„ FFOWC WILLIAMS
„ W. W. JONES	

Added Members

<i>Representing</i>				
<i>Medical Profession</i>	...	...	DR. R. SALTER ELLIS	
			DR. J. NOEL ROBERTS	
			DR. I. MOSTYN WILLIAMS	
<i>Chemists</i>	...	...	H. HUGHES PARRY, ESQ.	
<i>Dental Surgeons</i>	...	...	COL. P. LLOYD WILLIAMS	
<i>Executive Council</i>	...	...	REV. T. IDRIS ROBERTS	
<i>Hospital Management Committee</i>			MRS. E. DARBISHIRE, J.P.	
<i>Others</i>	...	...	MRS. JOHN THOMAS	
			J. EVAN ROBERTS, ESQ.	

<i>Clerk of the County Council</i>	...	GWILYM T. JONES, ESQ., M.A., <i>Solicitor</i>
<i>County Treasurer</i>	...	ELFYN E. WIGLEY, ESQ., B.A., A.S.A.A.

STAFF OF THE PUBLIC HEALTH SERVICE

<i>County Medical Officer of Health and Principal School Medical Officer</i>	D. E. PARRY-PRITCHARD, M.D., D P.H., M.B., Ch.B.
<i>Deputy County Medical Officer of Health and School Medical Officer</i>	G. WYN ROBERTS, M.B., B.Ch., B.A.O., D.P.H. (<i>Resigned</i> June 1954). H. MERVYN THOMAS, M.B., Ch.B., D.P.H., D.C.H. (<i>Commenced</i> August 1954).
<i>Senior Assistant Medical Officer</i>	M. SLATER, M.B., Ch.B., C.P.H., D.C.H.
<i>Assistant Medical Officers</i> ...	T. EVANS HUGHES, M.R.C.S., L.R.C.P. M. J. O'BRIEN, B.A., M.B., B.Ch., B.A.O., D.M. One vacancy.
<i>Part-time Obstetrician and Gynaecologist</i>	O. VAUGHAN JONES, M.D., F.R.C.S., F.R.C.O.G.,
<i>Part-time Paediatrician</i> ...	GWYN GRIFFITH, M.D., F.R.C.P., D.C.H., D.P.H.
<i>County Superintendent</i> ...	MISS M. RICHARDS, S.R.N., S.C.M., H.V., M.T.D., Q.N.S.
<i>Superintendent Health Visitor</i> ...	MISS W. M. MILLS, S.R.N., S.C.M., H.V.
<i>Welfare and Rehabilitation Officer</i>	MISS H. J. CROXFORD, B.A.

Whole-time Health Visitors and School Nurses ... 19

*Infectious Diseases Nurse ... 1

Midwives employed directly by the Council :

Full-time ... 2

Part-time ... 48

District Nurses employed directly by the Council :

Full-time ... 4

Part-time ... 48

<i>County Health Officer</i> ...	G. RICHARDS, <i>Sanitary Inspector</i>
<i>Chief Clerk</i> ...	C. PARRY

*Also acts as Health Visitor and School Nurse.

Food and Drugs Act

<i>Public Analyst</i> ...	...	...	HAROLD LOWE, M.Sc., F.I.C.
<i>County Inspectors</i> ...	...	...	E. T. EDWARDS (<i>Chief</i>)
			ROBERT ROBERTS (<i>Deputy</i>)
			EVAN J. GRIFFITHS

CHAPTER 1

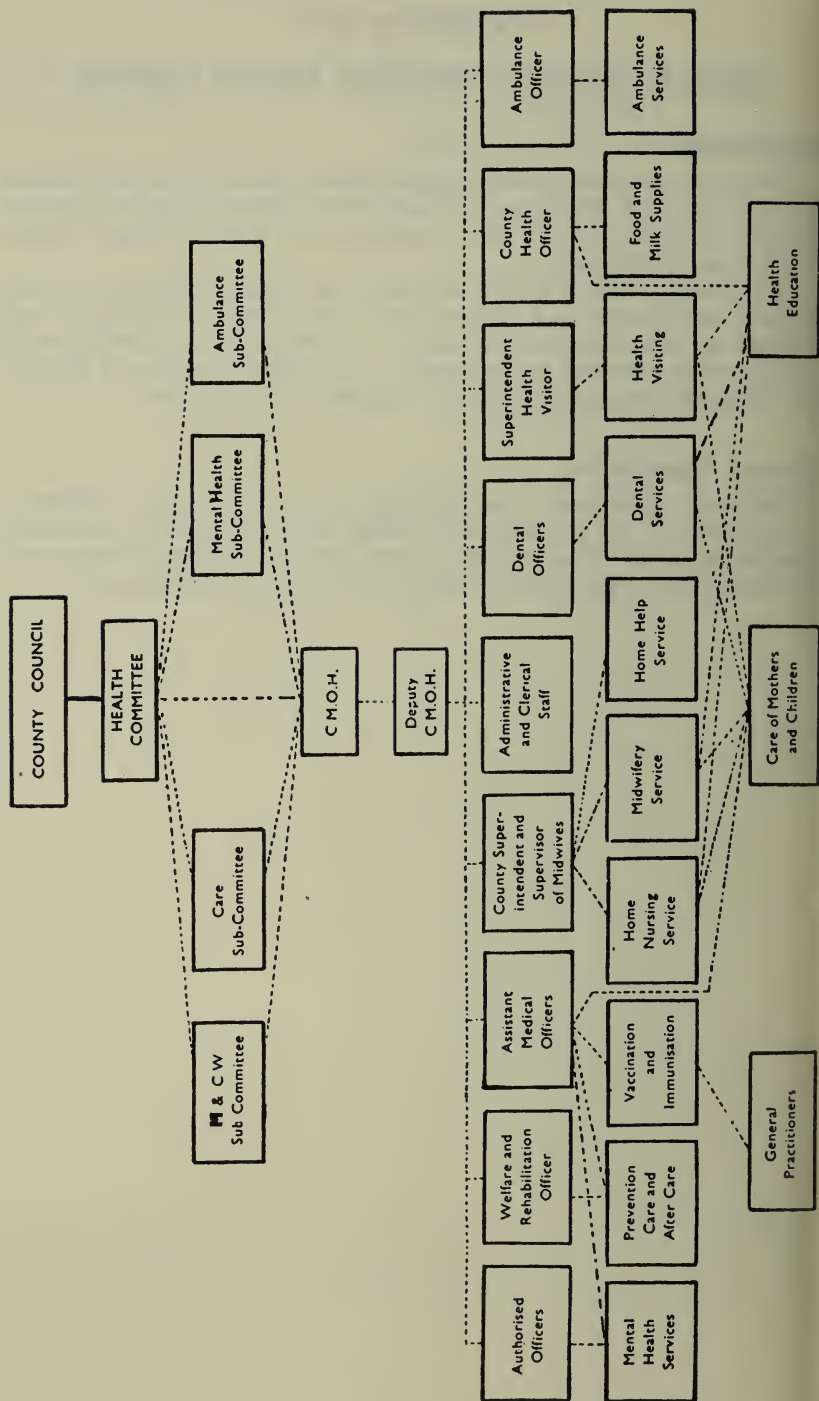
GENERAL NOTES ON THE LOCAL HEALTH SERVICES**Administration**

The Health Services provided by the County Council under the National Health Service Act, 1946, are governed by the County Health Committee and four Sub-Committees, viz., Maternity and Child Welfare, Mental Health, Care, Ambulance.

The County Medical Officer of Health is responsible for the central control, co-ordination and supervision of the services. Periodical staff meetings are held to secure the efficient co-ordination and development of the services provided in the county. The diagram on page 8 displays the administrative pattern and inter-relation of the services.

Voluntary Organisations

Continued assistance was received from the various Voluntary Organisations in the County during 1954, and I am glad to record my appreciation of the value of their services both to the Health Department and to members of the public who are assisted by the Department.



CHAPTER 2

STATISTICAL INFORMATION

Summary of Vital Statistics

Area in Acres	...	...	...	...	...	...	364,108
Population : Census 1951	...	...	...	...	...	...	124,074
Registrar General's Estimate	...	...	...	...	...	...	123,200
Rateable Value	...	...	...	...	...	...	£683,065
Product of 1d. rate	...	...	...	...	...	...	£2,672

Extracts from Vital Statistics

LIVE BIRTHS	M.	F.	Total			
Legitimate	845	708	1,553	} Crude Birth Rate per 1,000 Population Adjusted Rate	} 13.24	
Illegitimate	39	39	78			
						14.56
STILLBIRTHS						
Legitimate	16	21	37	} Rates per 1,000 Total (Live and Still) Births	} 26.85	
Illegitimate	5	3	8			
DEATHS FROM						
ALL CAUSES	951	891	1,842	Crude Death Rate	14.95	
				Adjusted Rate	12.26	
MATERNAL				Rate per 1,000 Total		
DEATHS	—	3	3	(Live and Still) Births	1.79	

DEATH RATES OF INFANTS UNDER 1 YEAR OF AGE :

All infants per 1,000 Live Births	...	...	...	...	28.82
Legitimate infants per 1,000 Legitimate Live Births	...	...	...	...	29.62
Illegitimate infants per 1,000 Illegitimate Live Births	...	...	...	...	12.82
DEATHS FROM ENTERITIS (under 2 years of age)	...	...	...	...	—
Rate per cent of Live Births	...	...	...	...	0.00
DEATHS FROM MEASLES (All Ages)	...	...	...	...	—
Rate per 100,000 of the population	...	...	...	...	0.00
DEATHS FROM WHOOPING COUGH (All Ages)	...	...	...	...	2
Rate per 100,000 of the population	...	...	...	...	1.6
ZYMOTIC MORTALITY	...	...	...	...	4
Rate per 100,000 of the population	...	...	...	...	3.0
DEATHS FROM CANCER	...	...	...	...	318
Rate per 100,000 of the population	...	...	...	...	258
DEATHS FROM RESPIRATORY DISEASES	...	...	...	...	153
(Excluding Tuberculosis)					
Rate per 100,000 of the population	...	...	...	...	124
DEATHS FROM TUBERCULOSIS	...	...	...	...	63
Rate per 100,000 of the population	...	...	...	...	51

TABLE 1

AREA AND POPULATION OF THE COUNTY**Rural Districts**

District					Estimated Resident Population	Acreage as constituted at 30th June, 1935
Nant Conway	...	...	...	...	6,060	88,222
Gwyrfai	...	...	...	...	23,270	96,475
Lleyn	...	...	...	...	17,270	114,831
Ogwen	...	...	...	...	4,930	32,526
Totals	...	...	...	...	51,530	332,054

Urban Districts

Bangor	...	...	...	...	13,850	1,576
Bethesda	...	...	...	...	4,350	893
Betwsycoed	...	...	...	...	750	4,472
Caernarvon	...	...	...	...	9,300	2,213
Conway	...	...	...	...	10,420	3,808
Criccieth	...	...	...	...	1,510	1,132
Llandudno	...	...	...	...	16,650	4,920
Llanfairfechan	...	...	...	...	3,070	4,472
Penmaenmawr	...	...	...	...	4,090	3,814
Pwllheli	...	...	...	...	3,760	1,211
Portmadoc	...	...	...	...	3,920	3,543
Totals	...	...	...	...	71,670	32,054

Rural and Urban Districts

Rural	...	...	...	...	51,530	332,054
Urban	...	...	...	...	71,670	32,054
Totals	...	...	...	...	123,200	364,108

OTHER VITAL STATISTICS

(Rates per 1,000 of the Population)

District	Births			Still	Deaths			Infant Mortality*	Cancer	Respiratory Diseases	Tuberculosis
	Live		(All Causes)		Adjusted						
	Crude	Adjusted									
RURAL DISTRICTS											
Nant Conway	13.366	15.371	0.330	10.726	9.439	37.037	1.650	0.660	0.990		
Gwyrfaí	13.795	15.726	0.387	15.685	13.176	24.922	3.008	1.805	0.688		
Lleyn	11.928	13.717	0.579	16.271	12.691	63.107	2.548	0.984	0.405		
Ogwen	14.199	16.329	0.000	19.067	14.872	28.571	2.840	1.826	1.217		
URBAN DISTRICTS											
Bangor	13.213	12.684	0.361	11.480	11.136	32.787	2.116	1.227	0.505		
Bethesda	13.793	15.586	0.460	14.943	13.448	16.666	2.989	1.839	0.919		
Betwsycoed	16.000	16.160	3.999	6.666	5.999	83.333	0.000	1.333	0.000		
Caernarvon	15.484	15.639	0.215	11.720	10.783	20.833	2.688	0.860	0.323		
Conway	12.668	14.821	0.192	17.658	13.773	30.303	2.399	1.056	0.288		
Criccieth	19.205	20.934	0.662	16.556	11.589	34.483	3.974	0.000	0.662		
Llandudno	12.312	13.051	0.240	14.114	10.586	14.634	2.703	0.901	0.240		
Llanfairfechan	13.681	16.006	0.326	12.052	9.160	0.000	2.280	0.651	0.000		
Penmaenmawr	10.758	13.340	0.244	18.093	11.941	22.727	3.423	2.200	0.489		
Pwllheli	12.234	13.580	0.532	21.809	17.883	0.000	2.926	0.532	0.532		
Portmadoc	14.286	14.999	0.255	15.816	12.495	17.857	1.020	2.041	0.510		
RURAL DISTRICTS	13.157	15.131	0.408	15.622	12.810	38.348	2.678	1.397	0.679		
URBAN DISTRICTS	13.297	14.228	0.335	14.469	11.865	22.036	2.512	1.130	0.391		
TOTAL COUNTY	13.239	14.562	0.365	14.951	12.260	28.817	2.581	1.242	0.511		
ENGLAND AND WALES	15.20		0.366		11.30	25.50	—	—	0.18		

* Death Rate per 1,000 Live Births

BIRTHS AND BIRTH RATES

The number of Live Births registered in 1954 was 1,631 (884 males and 747 females) a rate of 13.24 per 1,000 of the population. Stillbirths totalled 45 (21 males and 24 females) a rate of 26.85 per 1,000 of the Total (Live and Still) Births.

In the four Rural Districts 678 live births were registered—a rate of 13.16 per 1,000 of the population. The number of stillbirths was 21 (0.41 per 1,000 of the population).

In the eleven Urban Districts 953 live births (13.30 per 1,000 of the population) were registered and there were 24 stillbirths (0.34 per 1,000 of the population).

The birth rates per 1,000 of the population in the various districts in the county during the last ten years are given below :

TABLE 3

Districts	1945	1946	1947	1948	1949	1950	1951	1952	1953
RURAL DISTRICTS									
Nant Conway ...	13.0	15.4	14.89	13.69	15.42	14.53	13.46	14.08	12.87
Gwyrfai ...	15.8	18.0	19.64	18.00	15.97	14.24	13.92	14.09	13.39
Lleyn ...	15.2	16.7	15.75	15.40	14.42	14.20	14.07	14.35	14.18
Ogwen ...	14.0	16.1	17.15	17.33	16.32	17.44	17.73	13.49	20.39
URBAN DISTRICTS									
Bangor ...	15.3	18.4	19.17	18.41	16.16	14.59	14.23	14.33	13.68
Bethesda ...	13.4	17.5	20.50	16.80	16.38	16.25	16.56	17.48	18.76
Betwsycoed ...	10.1	12.8	17.85	15.87	19.92	16.24	20.83	17.47	23.00
Caernarvon ...	13.6	20.1	20.70	17.12	16.45	16.41	16.32	16.12	15.54
Conway ...	14.5	15.3	15.40	15.00	15.83	12.91	13.93	12.05	12.67
Criccieth ...	9.6	16.4	13.92	12.14	12.42	8.63	12.21	8.67	13.35
Llandudno ...	10.8	13.2	15.86	13.77	11.53	12.74	12.25	12.23	11.88
Llanfairfechan ...	8.9	17.2	19.94	12.85	14.32	12.64	13.78	10.15	14.12
Penmaenmawr ...	11.7	16.8	15.97	12.47	12.41	14.88	12.83	14.93	10.92
Pwllheli ...	15.2	17.1	21.64	19.19	17.69	15.49	13.83	15.20	12.29
Portmadoc ...	13.8	16.1	19.16	16.51	14.35	11.84	11.62	13.57	18.36
RURAL DISTRICTS	15.1	17.1	17.59	16.55	15.42	14.55	14.28	14.12	14.26
URBAN DISTRICTS	13.0	16.4	18.01	15.75	14.74	13.98	13.91	13.73	13.81
TOTAL COUNTY	13.9	16.7	17.83	16.09	15.03	14.22	14.06	13.89	14.00
ENGLAND AND WALES	16.1	19.1	20.50	17.90	16.7	15.8	15.50	15.30	15.50

ILLEGITIMATE BIRTHS

Seventy-eight illegitimate live births were registered in the county during 1954, representing a rate of 4.782 per cent of the total live births.

This table gives details of the illegitimate births in the various Sanitary Districts in the county :—

TABLE 4

District	Total Live Births	Number of Illegitimate Live Births	Percentage
RURAL DISTRICTS			
Nant Conway	81	4	4.94
Gwyrfai	321	15	4.67
Lleyrn	206	8	3.85
Ogwen	70	5	4.14
URBAN DISTRICTS			
Bangor	183	9	4.92
Bethesda	60	—	0.00
Betwsycoed	12	—	0.00
Caernarvon	144	6	4.17
Conway	132	3	2.27
Criccieth	29	3	10.34
Llandudno	205	14	6.83
Llanfairfechan	42	4	9.52
Penmaenmawr	44	2	4.54
Pwllheli	46	3	6.52
Portmadoc	56	2	3.57
RURAL DISTRICTS	678	32	4.72
URBAN DISTRICTS	953	46	4.83
TOTAL COUNTY	1,631	78	4.78

INFANT MORTALITY

Forty-seven infant deaths (46 legitimate and 1 illegitimate infants) were recorded during 1954. The graph on page 16 indicates the steady decrease in the infant mortality rate in the County since 1900. The rate of 28.20 per 1,000 live births in 1952 is the lowest ever recorded in Caernarvonshire.

NEO-NATAL DEATHS

TABLE 5

Year	No. of Neo-Natal Deaths	Rate per 1,000 Live Births
1933	68	41.2
1934	71	44.5
1935	78	47.2
1936	67	42.0
1937	70	43.3
1938	68	41.5
1939	66	39.8
1940	56	35.2
1941	78	44.6
1942	68	35.0
1943	69	35.7
1944	71	36.4
1945	63	37.1
1946	55	26.9
1947	64	29.3
1948	39	19.9
1949	37	19.9
1950	38	21.58
1951	36	20.76
1952	30	17.62
1953	29	16.89
1954	36	22.07

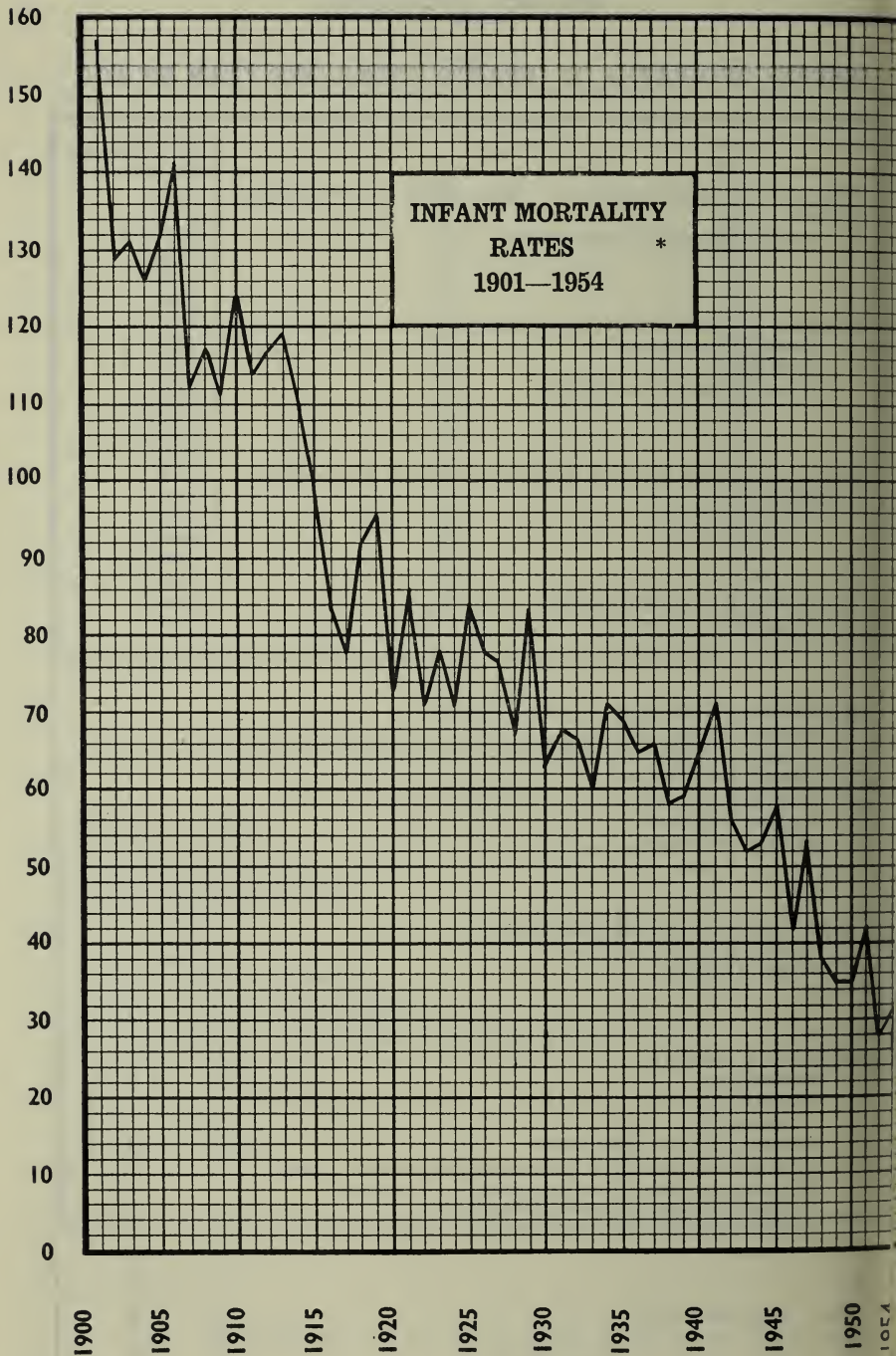
TABLE 6

Cause of Neo-Natal Death	No. of Deaths
Bronchopneumonia	1
Atelectasis	3
Other congenital malformations	4
Intercranial Haemorrhage	2
White Asphyxia	2
Prematurity	8
Prematurity plus Pneumonia	1
Prematurity plus Atelectasis	4
Prematurity plus White Asphyxia	1
Prematurity plus other Malformations	2
Prematurity plus other Diseases of Respiratory Tract	1
Prematurity plus Erythroblastosis	1
Right Heart Failure	2
Surgical Shock	1
Erythroblastosis	1
Cases not recorded	2
Total	36

TABLE 7

CAUSES OF DEATHS OF INFANTS UNDER ONE YEAR OF AGE

Cause of Death	No. of Deaths
CONGENITAL MALFORMATIONS (Other than in Premature Infants)	
Other Congenital Malformations	5
	5
DISEASES OF THE RESPIRATORY TRACTS (In full-term infants)	
Bronchopneumonia	3
Atelectasis	4
Other respiratory conditions	1
	8
DISEASES OF THE GASTRO INTESTINAL TRACT (In full-term infants)	
Intussusception	1
	1
ACCIDENTS (In full-term Infants)	
Inhalation of vomit	1
	1
MISCELLANEOUS CAUSES	
Surgical Shock	2
Adrenal Failure	2
Right Heart Failure	1
Convulsions	1
Erythroblastosis	1
Whooping Cough	1
	8
BIRTH INJURIES (In full-term Infants)	
Intracranial Haemorrhage	2
White Asphyxia	2
	4
PREMATURE INFANTS	
Prematurity	8
Prematurity plus bronchitis, bronchopneumonia or pneumonia	1
Prematurity plus Atelectasis	4
Prematurity plus other Diseases of Respiratory Tract ...	1
Prematurity plus White Asphyxia	1
Prematurity plus Other Malformations	2
Prematurity plus Erythroblastosis	1
	18
CASES NOT RECORDED	2
Total Deaths	47



* The number of Infant Deaths under one year of age per 1,000 live births

DEATHS AND DEATH RATES

The number of deaths registered in the county was 1,842, a crude rate of 14.95 per 1,000 of the population. The adjusted rate was 12.26. The chief causes of death were :

Heart Diseases	706
Cancer	318
Tuberculosis	63
Other Respiratory Diseases	153

In the Urban Districts there were 1,037 deaths (14.47 per 1,000 of the population). Adjusted rate 11.86.

Deaths in Rural Districts amounted to 805 (15.62 per 1,000 of the population). Adjusted rate 12.81.

AGE AND SEX DISTRIBUTION OF DEATHS

TABLE 8

	All Ages	Under 1	1—	5—	15—	45—	65+
Males	951	23	5	4	50	221	648
Females	891	24	4	6	30	136	691
Totals	1,842	47	9	10	80	357	1,339

CAUSES OF DEATHS

TABLE 9

Cause of Death	Number of Deaths						Death Rates per 100,000 of the Population
	Urban Districts		Rural Districts		Whole County		
	Males	Females	Males	Females	Males	Females	
1. Tuberculosis, respiratory ...	22	5	23	8	45	13	47.07
2. Tuberculosis, other ...	1	—	2	2	3	2	4.05
3. Syphilitic Disease ...	1	—	—	1	1	1	1.62
4. Diphtheria ...	—	—	—	—	—	—	0.00
5. Whooping Cough ...	—	—	1	1	1	1	1.62
6. Meningococcal Infections ...	—	—	—	—	—	—	0.00
7. Acute Poliomyelitis ...	—	—	—	—	—	—	0.00
8. Measless ...	—	—	—	—	—	—	0.00
9. Other infective and parasitic diseases ...	1	—	—	1	1	1	1.62
10. Malignant neoplasm, stomach	25	17	21	18	46	35	65.74
11. Malignant neoplasm, lung bronchus ...	22	4	16	2	38	6	35.71
12. Malignant neoplasm, breast	—	19	—	8	—	27	21.91
13. Malignant neoplasm, uterus	—	4	—	4	—	8	6.49
14. Other malignant and lymphatic neoplasms ...	49	40	33	36	82	76	128.24
15. Leukaemia, aleukaemia ...	1	1	—	1	1	2	2.43
16. Diabetes ...	2	3	2	1	4	4	6.49
17. Vascular lesions of nervous system ...	67	91	44	79	111	170	228.08
18. Coronary disease—angina	79	61	50	25	129	86	174.51
19. Hypertension with heart disease ...	17	18	21	15	38	33	57.62
20. Other heart disease ...	63	81	49	70	112	151	213.47
21. Other circulatory disease ...	47	57	28	25	75	82	127.43
22. Influenza ...	3	2	1	3	4	5	7.30
23. Pneumonia ...	7	11	11	9	18	20	30.84
24. Bronchitis ...	34	12	30	9	64	21	68.99
25. Other diseases of respiratory system ...	7	5	8	1	15	6	17.04
26. Ulcer of stomach and duodenum ...	8	3	2	1	10	4	11.36
27. Gastritis, enteritis and diarrhoea ...	1	3	3	2	4	5	7.30
28. Nephritis and nephrosis ...	13	7	5	11	18	18	29.22
29. Hyperplasia of prostate ...	9	—	16	—	25	—	20.29
30. Pregnancy, childbirth and abortion ...	—	2	—	1	—	3	2.43
31. Congenital malformation ...	5	2	2	3	7	5	9.74
32. Other defined and ill-defined diseases ...	38	50	38	42	76	92	136.36
33. Motor vehicle accidents ...	2	1	5	2	7	3	8.11
34. All other accidents ...	2	6	7	4	9	10	15.42
35. Suicide ...	6	—	1	1	7	1	6.49
36. Homicide and operations of war ...	—	—	—	—	—	—	0.00
Totals ...	532	505	419	386	951	891	1,495.11

ZYMOTIC MORTALITY

TABLE 10

Disease	Number of Deaths	Death Rates per 1,000 of the population	
		Caernarvon- shire	England and Wales
Diphtheria	—	0.00	0.02
Whooping Cough	2	1.62	0.30
Meningococcal Infections	—	0.00	—
Acute Poliomyelitis	—	0.00	0.25
Measles	—	0.00	—
Other Infections	2	1.62	—

DEATHS FROM THE MAIN DISEASES ALLOCATED TO DISTRICTS

TABLE 11

Disease	Zymotic		Heart		Respiratory		Tuberculosis	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate	No. of Deaths	Death Rate
RURAL DISTRICTS								
Nant Conway	—	0.00	20	330	4	66	6	99
Gwyrfai	2	8.59	121	520	42	180	16	69
Lleyn	1	5.79	111	643	17	98	7	41
Ogwen	—	0.00	31	629	9	183	6	122
URBAN DISTRICTS								
Bangor	1	7.22	61	440	17	123	7	51
Bethesda	—	0.00	22	506	8	184	4	92
Betwsycoed	—	0.00	1	133	1	133	—	Nil
Caernarvon	—	0.00	44	473	8	86	3	32
Conway	—	0.00	76	729	11	106	3	29
Criccieth	—	0.00	8	530	—	Nil	1	66
Llandudno	—	0.00	99	595	15	90	4	24
Llanfairfechan	—	0.00	18	586	2	65	—	Nil
Penmaenmawr	—	0.00	29	709	9	220	2	49
Pwllheli	—	0.00	39	1,037	2	53	2	53
Portmadoc	—	0.00	26	663	8	204	2	51
RURAL DISTRICTS	3	5.82	283	549	72	140	35	68
URBAN DISTRICTS	1	1.39	423	590	81	113	28	39
TOTAL COUNTY	4	3.24	706	573	153	124	63	51

(Death Rates per 100,000 population.)

INFECTIOUS DISEASES

TABLE 12

Incidence of Infectious Diseases (excluding Tuberculosis) in the Various Districts in the County during 1954

District	Scarlet Fever	Whoop- ing Cough	Diph- theria	Measles	Pneu- monia	Puer- peral Pyrexia	Erysip- elas	*Other Dis- eases	Totals
RURAL DISTRICTS									
Nant Conway ...	—	24	—	18	3	—	—	3	48
Gwyrfai ...	9	31	—	5	—	—	—	6	51
Lleyn ...	8	25	—	3	5	1	2	3	47
Ogwen ...	1	3	—	12	1	—	3	—	20
URBAN DISTRICTS									
Bangor ...	7	18	—	2	1	—	—	18	46
Bethesda...	3	25	—	96	—	—	2	—	126
Betswycoed ...	1	—	—	—	—	—	—	—	1
Caernarvon ...	5	77	—	11	—	—	—	37	130
Conway ...	13	59	—	1	6	—	—	3	82
Criccieth ...	2	9	—	1	—	—	—	—	12
Llandudno ...	3	17	—	89	5	—	9	25	148
Llanfairfechan ...	—	23	—	4	18	—	—	—	45
Penmaenmawr ...	—	9	—	19	1	—	—	—	29
Pwllheli ...	1	5	—	3	9	—	—	1	19
Portmadoc ...	—	5	—	5	—	—	1	—	11
Totals ...	53	330	—	269	49	1	17	96	815

* OTHER DISEASES INCLUDE :

Chicken pox ...	...	...	...	...	36
Dysentery and food poisoning ...	...	...	...	...	42
Acute poliomyelitis ...	...	...	...	...	10
Meningococcal infections ...	...	...	...	...	8

TABLE 13

	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domi- ciliary Confine- ments	Insti- tutional Confine- ments	Domi- ciliary Confine- ments	Insti- tutional Confine- ments	Domi- ciliary Confine- ments	Insti- tutional Confine- ments
Number of cases notified ...	—	—	—	—	—	1
Number of cases visited by Officers of the Council ...	—	—	—	—	—	—
Number of cases for whom Home Nursing was provided ...	—	—	—	—	—	—
Number of cases removed to hospital ...	—	—	—	—	—	—

CHAPTER 3

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN
UNDER SCHOOL AGE**Expectant and Nursing Mothers**

Pre-Natal Clinics are held in Caernarvon, Llandudno, Portmadoc, Penygroes and Pwllheli. They are attended by Mr. O. V. Jones, the Council's Obstetrician, and other staff from the County Hospital, Bangor, as well as the Council's Midwives and Health Visitors. A clinic is also held at the County Hospital, Bangor, twice weekly. No additional clinics were established during 1954, but this will be done as soon as suitable premises become available in Llanberis and Betwsycoed.

Samples of blood are taken from all expectant mothers making their first attendance at the Clinics and are sent to the Pathological Laboratory at the Caernarvon and Anglesey General Hospital, Bangor, for a Rhesus Factor and Wasserman or Kahn tests. The result of the Rhesus Factor test is recorded on a card which is retained by the mother.

Post-Natal sessions are held concurrently with the Pre-Natal Clinics at each Centre and this arrangement of Medical Staffing has proved most advantageous to mothers and staff.

This service is supplemented by Midwives' Relaxation Clinics held at Caernarvon, Penygroes, Pwllheli, Portmadoc, Llandudno, Bangor, Penmaenmawr and Dolgarrog. Mothers attending these clinics have greatly appreciated the benefits they have received from their instruction in relaxation. A natural attitude to confinement is emphasised and advice given on all aspects of the care of the mothers' health and that of their babies during the early months of their lives.

Table 14 gives details of attendances at these clinics during 1954 :—

TABLE 14

Clinics	No. of Clinic Centres	No. of Sessions Monthly	No. of Women Attending		Total Attendances
			No. of New Cases	Total	
Pre-Natal	5	16	783	1,025	4,225
Post-Natal	5	16	240	240	275
Midwives' Relaxation	8	16	181	212	607

Unmarried Mothers

Health Visitors, District Nurses and Midwives notify me immediately of all unmarried expectant mothers in their areas, and submit their recommendations concerning the special needs of each one. Similar information is also obtained from Maternity Hospitals and Homes and the mothers are given every facility that the Council can offer in the care of their own and their children's health.

Mothers who cannot be confined in their own homes or who cannot nurse their babies at home are admitted to special Homes for Unmarried Mothers. The Bersham Hall Home for Unmarried Mothers established by the North Wales Councils was opened during 1953.

Arrangements for the admission of mothers to other homes were continued during 1954, in conjunction with the Bangor Diocesan Council for Moral Welfare.

Four expectant mothers were admitted to Bersham Hall during the year. They were admitted some weeks before their confinement and were allowed to stay for some time after the birth of their children. The cost of their maintenance was borne by the County Council and regular reports on their progress received. They were visited immediately upon their discharge from the Homes by members of the nursing staff and were given advice in the care of their babies and encouragement and assistance in rehabilitation.

Table 15 indicates the extent and efficiency of the Council's care for unmarried mothers and shows the marked reduction in the illegitimate infant mortality rate which is frequently below the rate for legitimate infants. The rate for 1954 is the lowest ever recorded.

TABLE 15

Year	Mortality Rates per 1,000 Live Births	
	Legitimate Infants	Illegitimate Infants
1943	55.36	18.75
1944	53.88	49.18
1945	53.80	93.56
1946	41.68	46.78
1947	54.26	44.58
1948	39.95	23.43
1949	35.38	29.41
1950	35.20	35.29
1951	44.01	30.61
1952	25.94	72.29
1953	31.69	26.32
1954	29.62	12.82

Child Welfare

There are thirty-five Infant Welfare Centres in the county. Each clinic has its own Committee of voluntary workers who have given invaluable service in the administration of the clinics and in providing for the comfort and entertainment of the mothers and children.

The clinics are attended by the Health Visitor and Assistant Medical Officers who examine the babies and give guidance and advice to the mothers. Babies are referred, when necessary, to the Paediatric Centres held at Bangor and Llandudno. Facilities are available at each Clinic for the mothers to purchase various brands of proprietary infant foods at reduced prices.

In June, 1954, the County Council commenced distributing and selling Welfare Foods and assumed this responsibility from the Ministry of Food at very short notice. In spite of this very short notice I am glad to report that the transfer of responsibility was made smoothly, and all the arrangements made appear to be satisfactory. Distribution is maintained at all the established Infant Welfare Clinics and at 21 shops and 7 other centres. All the voluntary workers assisting with the scheme deserve praise and thanks for all the conscientious work they have performed.

Attendances at the Clinics were again rather disappointing despite continuous encouragement of parents by the Medical and Nursing staffs.

Several of the premises in which the clinics are held are unsatisfactory and the Maternity and Child Welfare Committee appointed a Clinic Sub-Committee to visit the various clinics in the County and to report on their condition to the main Committee. Work was commenced on the new Clinic premises at Llanberis during the year and it is hoped that the Clinic will be ready for occupation in 1955.

Certain areas in the County are not provided with suitable and convenient public transport and the arrangements for hiring special transport to convey mothers and children in these areas to and from the clinics were continued during 1954.

Details of the Clinics and attendances are given in Table 16 on pages 27-30.

HEALTH CLINICS

A. Their Purpose

1. The County Council as a Local Health Authority and the Education Committee have many definite functions and obligations to perform in promoting and maintaining the health of adults and children. Some of these obligations, such as the examination of school children are performed in schools. Treatment of children, *e.g.* dental and immunisation, is also performed in some schools where in some instances the accommodation provided is inadequate, unsuitable and unsafe. An attempt has recently been made to improve the conditions by conveying children to dental clinics.

2. Some other obligations listed below are performed in clinic premises—only one of which—Bangor—has been specially built for the purpose since 1931. Only three premises are owned by the Council and the three are now much too small and out of date for providing all the new services required by the public. The thirty-three remaining premises are leased by the Council and are either Chapel Schoolrooms or Huts owned by various voluntary organisations. Such premises are often not as clean as they should be for performing health functions, neither are they warm enough when young babies have to be completely undressed for weighing and examining. The Medical Officer has frequently to use a room for examination and treatment which is too small, too cold and too noisy. It will be readily realised that mothers who are advised by Doctors and Health Visitors to maintain cleanliness and tidiness in their homes do not overlook the condition of the premises in which such advice is given.

Health education, which is such an important part of the Council's function, and only barely started, cannot be successfully conducted in surroundings which are often primitive by any standards.

3. These are the main clinic obligations of the Local Health Authority :—

(a) *Pre and Post-natal services* for mothers—now provided at :—

Llandudno	Portmadoc	Penygroes
Caernarvon	Pwllheli	

The service should be extended to Llanberis and Conway or Dolgarrog.

Pregnancy Classes are also held at :—

Llandudno	Pwllheli	Penmaenmawr
Caernarvon	Penygroes	Dolgarrog
Portmadoc	Bangor	

(b) *Infant Welfare Service*

Children under five years of age are periodically examined and advice given to the mothers by the Council's Medical Officers. Health Visitors also conduct additional sessions for weighing children and for educational purposes.

(c) *Immunisation Service*

At present, babies are immunised against Smallpox and Diphtheria. It is probable that this service will soon be extended to provide immunisation for all children against Tuberculosis (B.C.G.), Whooping Cough and Infantile Paralysis (Poliomyelitis).

(d) *Treatment Service*

Orthopaedic after-care—massage, special exercises, electrical treatment and fitting of appliances, etc.

Ultra Violet Light and other rays.

Speech Therapy.

Dental—for children and for mothers.

Orthoptic—for squints.

Minor Ailments.

(e) *Consultant Service*

Child Guidance

Orthopaedic

Ophthalmic

Deafness (Audiology).

(f) *Educational Service*

Almost non-existent at present.

(g) *General Service*

Medical examination of applicants for posts, staff, intending teachers, handicapped children, etc.

Storage and issue of equipment and uniforms.

B. Their Size and Form

- (a) All services should be provided in rooms which are clean, comfortable, light, airy, warm and pleasant.
- (b) Adequate space should be provided for waiting, undressing, sterilizing of instruments and dressings and for the examination of mothers and of children in a room which is quiet and comfortable.
- (c) Provision should be made for tea for mothers. Some mothers walk long distances to attend the clinics.
- (d) The waiting period should be made attractive and instructive.
- (e) Adequate provision should be made for staff and for maintaining essential records.
- (f) Even in the smallest area, the minimum requirements are :—
 - (i) a waiting room
 - (ii) a weighing room
 - (iii) a doctor's examination room
 - (iv) a pram shelter.

In the bigger areas, the provision required is on a much larger scale to maintain all the services required and provided.

C. Their Development

(1) The Council has already recognised the necessity for providing adequate premises in these areas :—

Llanberis	Llanrug	Llandudno Junction
Llanfairfechan	Nevin	Waenfawr
Penmaenmawr	Pwllheli	Trevor
Penygroes	Bethesda	Tregarth
Sarn	Rhostryfan	Llanbedrog
Deiniolen	Penmachno	

(2) It is possible that the Llanberis Clinic may be ready for occupation before the end of this year.

(3) I am concerned about the more rural areas and am convinced that the modern services of the Council should be taken nearer to the people who need them. It may not be possible for some years to provide adequate permanent premises in each area nor would it be feasible in every area to extend the provision now made for conveying mothers and children to clinics. Incidentally, they are now often conveyed to premises which are totally inadequate and unsafe—*e.g.*, Sarn and Aberdaron. One alternative which might partly solve the problem is a mobile clinic. Such a clinic or clinics would serve the rural areas and also the outlying areas of the larger towns such as Llandudno, Bangor and Caernarvon, where there is already a demand for clinic facilities at the periphery. The demand in Bangor has already been met for the Maesgeirchen estate.

(4) I, therefore, recommend that—

- (a) consideration be given to purchasing a Mobile Clinic during the year commencing April, 1956,
- (b) the programme of providing adequate clinic premises be accelerated,
- (c) when land is being purchased for erecting premises, it would be most advisable to acquire, if available, sufficient land for any future extensions that might be required.

TABLE 16

Clinic Centre	Sessions Held	Day and Time of Meetings	Total Attendances			Average Attendance per session	Number who attended for the first time		Clinic Attended by
			Under 1 year	Between 1 and 5 years	Total		Under 1 year	Between 1 and 5 years	
ABER C.M. Chapel Vestry	Monthly	2.30 p.m. to 3.30 p.m. 3rd Wednesday monthly	29	52	81	8	—	—	Health Visitor
ABERDARON Village Hall,	Monthly	2.0 p.m. to 4.0 p.m. 4th Thursday monthly	59	93	152	14	9	—	Assistant M.O.H. and Health Visitor
ABERSOCH Village Hall	Monthly	2.0 p.m. to 4.0 p.m. 3rd Wednesday monthly	87	108	195	16	13	—	Assistant M.O.H. and Health Visitor
BANGOR General Clinic, Sackville Road	Weekly	10.30 a.m. to 4.0 p.m. Every Thursday	2,331	1,051	3,382	45	142	2	Assistant M.O.H. and Health Visitor
BETHEL Village Hall	Fortnightly	2.0 p.m. to 4.0 p.m. 2nd and 4th Fridays monthly	99	185	284	12	8	2	Health Visitor
BETHESDA A.T.C. Hut, Meurig Park	Fortnightly	2.0 p.m. to 4.0 p.m. 1st and 3rd Fridays monthly	431	343	774	31	59	4	Assistant M.O.H. and Health Visitor
BETWSYCOED Memorial Hall	Fortnightly	2.0 p.m. to 4.0 p.m. 1st and 3rd Wednesdays monthly	200	144	344	14	17	7	Assistant M.O.H. and Health Visitor
CAERNARVON Central Clinic, Shirehall Street	Fortnightly	2.0 p.m. to 4.0 p.m. 1st and 3rd Wednesdays monthly	962	270	1,232	51	96	8	Assistant M.O.H. and Health Visitor
CONWAY Muriau Buildings, Rosehill Street	Fortnightly	2.0 p.m. to 4.0 p.m. 1st and 3rd Tuesdays monthly	408	218	626	26	44	—	Assistant M.O.H. and Health Visitor

TABLE 16 (continued)

Clinic Centre	Sessions Held	Day and Time of Meetings	Total Attendances			Average Attendance per session	Number who attended for the first time		Clinic Attended by
			Under 1 year	Between 1 and 5 years	Total		Under 1 year	Between 1 and 5 years	
CRICCIETH Memorial Hall	Monthly	2-0 p.m. to 4-0 p.m. 3rd Tuesday monthly	255	139	394	33	42	—	Assistant M.O.H. and Health Visitor
DEGANWY Church Hall	Monthly	2-0 p.m. to 4-0 p.m. 4th Friday monthly	69	26	95	9	15	2	Health Visitor
DEINTOLEN Free Library	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Wednesdays monthly	412	161	573	26	37	—	Assistant M.O.H. and Health Visitor
DOLGARROG Clinic Centre, Sillans	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Thursdays monthly	258	217	475	21	16	—	Assistant M.O.H. and Health Visitor
DOLWYDELEN Moriah Chapel Vestry	Monthly	3-0 p.m. to 4-0 p.m. 3rd Tuesday monthly	72	41	113	9	8	—	Health Visitor
GARNDDOLBENMAEN Council School	Monthly	2-0 p.m. to 4-0 p.m. 1st Thursday monthly	45	36	81	7	4	—	District Nurse
GROESLON Village Hall	Monthly	2-0 p.m. to 4-0 p.m. 2nd Tuesday monthly	113	67	180	15	24	4	Assistant M.O.H. and District Nurse
LLANBEDROG Church Hall	Monthly	2-0 p.m. to 4-0 p.m. 2nd Wednesday monthly	62	89	151	13	1	—	Assistant M.O.H. and Health Visitor
LLANBERIS Capel Coch Vestry	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Wednesdays monthly	392	875	1,267	53	24	3	Assistant M.O.H. and Health Visitor

Clinic Centre	Sessions Held	Day and Time of Meetings	Total Attendances			Number who attended for the first time		Clinic Attended by
			Under 1 year	Between 1 and 5 years	Total	Average Attendance per session	Under 1 year	
LLANDUDNO War Memorial Centre, Oxford Road	Weekly	10-0 a.m. to 4-0 p.m. Every Tuesday	2,320	1,019	3,339	37	160	38 Assistant M.O.H. and Health Visitor
LLANDUDNO JUNCTION Y.W.C.A. Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Thursdays monthly	548	235	783	34	59	13 Assistant M.O.H. and Health Visitor
LLANFAIRFECHAN Council Chambers	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Thursdays monthly	345	278	623	26	38	5 Assistant M.O.H. and Health Visitor
LLANRUG Memorial Institute	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Thursdays monthly	197	254	451	19	19	— Assistant M.O.H. and Health Visitor
NEVIN Caersalem Chapel Vestry	Monthly	2-0 p.m. to 4-0 p.m. 2nd Thursday monthly	222	133	355	30	34	9 Assistant M.O.H. and Health Visitor
PENMAENMAWR Legion House, Esplanade	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Tuesdays monthly	444	282	726	30	34	8 Assistant M.O.H. and Health Visitor
PENRYN BAY Penryn New Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Thursdays monthly	216	193	409	17	17	6 Assistant M.O.H. and Health Visitor
PENYGROES Drill Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Tuesdays monthly	458	256	714	30	36	1 Assistant M.O.H. and Health Visitor
PENMACHNO Public Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Tuesdays monthly	95	92	187	16	20	3 Assistant M.O.H. and Health Visitor

TABLE 16 (continued)

Clinic Centre	Sessions Held	Day and Time of Meetings	Total Attendances			Average Attendance per session	Number who attended for the first time		Clinic Attended by
			Under 1 year	Between 1 and 5 years	Total		Under 1 year	Between 1 and 5 years	
PORTDINORWIC Conservative Club	Monthly	2-0 p.m. to 4-0 p.m. 4th Thursday monthly	173	296	469	38	25	4	Assistant M.O.H. and Health Visitor
PORTMAPOC Snowdon Street Clinic	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Tuesdays monthly	769	205	974	41	66	—	Assistant M.O.H. and Health Visitor
PWLLHEL1 British Legion Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Tuesdays monthly	311	317	628	26	57	8	Assistant M.O.H. and Health Visitor
RHOSTRYFAN Horeb Chapel Vestry	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Tuesdays monthly	246	117	363	15	19	6	Assistant M.O.H. and Health Visitor
SARN Memorial Hall	Monthly	2-0 p.m. to 4-0 p.m. 1st Thursday monthly	139	151	290	24	16	—	Assistant M.O.H. and Health Visitor
TREGARTH Wesley Hall	Fortnightly	2-0 p.m. to 4-0 p.m. 1st and 3rd Wednesdays monthly	217	136	353	15	23	5	Assistant M.O.H. and Health Visitor
TREVOR Maes-y-Neuadd Vestry	Monthly	2-0 p.m. to 4-0 p.m. 3rd Thursday monthly	92	135	227	19	14	1	Assistant M.O.H. and District Nurse
WAENFAWR Church Room	Fortnightly	2-0 p.m. to 4-0 p.m. 2nd and 4th Wednesdays monthly	214	186	400	17	18	4	Assistant M.O.H. and Health Visitor
			13,290	8,400	21,690		1,214	143	

Care of Premature Infants

A comprehensive service is available for the care of premature infants and excellent co-operation between the Medical and Nursing Staffs of the County Hospital and the Health Department ensures the efficiency of this service. All babies weighing 4 lb. and under are recommended for admission to the County Hospital with their mothers, and a special ambulance fitted with a heated cot and a supply of oxygen is provided for their conveyance under the care of a nurse. Four special outfits for nursing premature infants weighing between 4 lb and 5 lb. in their homes are retained at Caernarvon, Dolgarrog and Pwllheli, and additional outfits are retained in the County Hospital. All general practitioners and midwives are aware of the arrangements for obtaining the equipment when necessary.

The outfits consist of specially prepared cots fitted with heating and oxygen apparatus. Scales for Test Feeding and special clothing and equipment are also provided. All midwives have received special instructions in the care of premature babies.

TABLE 17

Number and Place of Birth				Weight at Birth		Transferred to Hospital			Died in first 24 hours			Died between 2nd and 7th day			Died between 8th and 28th day			Survived 28 days			
Home	N.H.	Hos.	Total			Home	N.H.	Hos.	Hospital	Tr.	Home	N.H.	Hos.	Hospital	Tr.	Home	N.H.	Hos.	Hospital	Tr.	Total
2	—	5	7	3 lb. 4 oz. or less	...	2	—	1	—	—	—	—	1	2	—	—	—	2	—	—	2
2	1	20	23	3 lb. 4 oz.—4 lb. 6 oz.	...	1	—	2	1	—	—	—	4	—	—	7	—	9	—	—	16
1	1	9	11	4 lb. 6 oz.—4 lb. 15 oz.	...	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	10
10	2	39	51	4 lb. 15 oz.—5 lb. 8 oz.	...	3	1	1	—	—	—	—	—	3	—	38	1	7	—	—	46
15	4	73	92	Totals	...	6	2	4	1	—	—	—	6	5	2	54	1	19	—	—	74

NOTE: N.H. ... Nursing Home
 Hos. ... Hospital
 Tr. ... Transferred from Home to Hospital

DENTAL CARE

The appointment of two additional Dental Officers during 1954 brought the Dental Establishment to its full complement for the first time. This satisfactory position however, was only maintained for a few months, because of the premature retirement due to illhealth of Mr. I. W. Jones, who had served in the County for almost 30 years.

A scheme for the treatment of Expectant and Nursing mothers was introduced during the latter half of the year. Mothers are referred for dental treatment by the Council's Dental Staff or, if they prefer, by their own private dentists.

This report on the work done in 1954 has been submitted by the Principal Dental Officer :

" TO THE COUNTY MEDICAL OFFICER OF HEALTH,

As can be seen from the tables below, the percentage of young children who accept treatment is very low indeed. The number in this age group being treated by Private Dentists is also small. This is a pity as treatment in many cases, though difficult to perform, is not of an extensive nature, and children carefully treated at this age can become very good patients in later life. Parents of these very young children should be invited to attend School Dental Inspections where possible.

Also the children, even those who do not need any treatment could be sent to the clinics for a further inspection, or if the parents wish, referred to private dentists. This would help to get them used to visiting the dentist and dispel any fears that a visit to the surgery might evoke.

Expectant Mothers

The forms, etc., to refer patients from ante-natal clinics either to their own, or to the County Dental Surgeons have been distributed and patients are awaited.

The need for treatment of this class of patient is urgent, and it is to be hoped that the response will be good. Until now lack of staff has obliged us to concentrate on treating the children, especially those of school age.

As much of the first dentition is developed before birth, any treatment afforded the mother will benefit the child also. Treatment for ante-natal cases can be carried out in any of the following clinics—Bangor, Bethesda, Llandudno, Caernarvon, Portmadoc and Pwllheli.

Number of orthodontic cases completed or under final observation : 42

TABLE 18
Numbers provided with Dental Care

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	2	2	2	1
Children under Five ...	677	209	35	35

TABLE 19
Forms of Dental Treatment Provided

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	—	6	—	—	4	—	—	—	—
Children under five	—	23	19	—	16	—	—	—	1

D. McINTYRE."

OTHER SERVICES

Similar facilities are available to children of pre-school age as are offered to school children for consultation and treatment at the Orthopaedic, Ear, Nose and Throat, Ophthalmic, Orthoptic, Skin and Paediatric Clinics. Twenty-six children were referred by Assistant School Medical Officers to the Paediatric Clinic and Dr. Gwyn Griffith examined 470 children of pre-school age at the request of General Practitioners.

ORTHOPAEDIC TREATMENT

Children of pre-school age found to be suffering from orthopaedic defects at the Council's Clinics and those referred to the Department by their own doctors were examined by the Consultant at the Orthopaedic Survey Clinics and received treatment by the Council's Physiotherapist at the After-Care Clinics. Hospital treatment for those who required it was arranged through the Regional Hospital Board. Surgical fittings and modifications to footwear were also ordered by the Department at the expense of the Hospital Board.

Ultra-Violet Ray treatment was available at five Centres to children referred by Assistant Medical Officers and the children whose private doctors requested treatment.

Details of the Survey, After-Care and Ultra-Violet Ray Clinics are given in these tables :—

ORTHOPAEDIC SURVEY CLINICS

TABLE 20

Centre	Number of Cases		Treatment Recommended				
	New	Old	Hospital	Applications	Massage & S.R.E.	Observation	Others
Bangor	12	52	—	20	13	25	1
Caernarvon	24	63	—	32	8	30	2
Llandudno	20	41	1	18	5	26	—
Pwllheli	23	38	4	32	7	13	4
Totals	79	194	5	102	33	94	7

AFTER CARE CLINICS

TABLE 21

Centre	No. of Sessions held	Total Attendances
Bangor	31	113
Caernarvon	44	135
Llandudno	38	44
Pwllheli	42	88
Portmadoc	41	82
Totals	196	462

ULTRA VIOLET RAY CLINICS

TABLE 22

Centre	No. of Sessions held	Total Attendances
Bangor	38	184
Caernarvon	46	258
Llandudno	42	149
Pwllheli	34	153
Portmadoc	35	52
Totals	195	796

SPEECH THERAPY

The results of the treatment given during 1954 were most encouraging and have amply justified the introduction of the service. Letters received from parents record their appreciation of the benefits their children have received and one or two requested treatment for a brother or sister of a child already treated.

Details of the treatment given will be found in the School Health Report.

DEAF CLINIC

The Early Ascertainment of Deafness and the Prevention of Dumbness

I submitted this report to a meeting of the Health Committee on 22nd April, 1954. Three members and I visited the Department of Education of the Deaf, Manchester, on the 7th July, 1954.

Professor and Mrs. Ewing and their staff had invited some special cases to the clinic that afternoon in order to demonstrate the testing of hearing and the methods of advising and guiding the mothers of deaf babies. The whole afternoon was spent in observation and discussion of the methods.

We were convinced of the urgent need for providing a similar clinic for the deaf children in this county. I am glad to record that the County Health Committee have approved the establishment of a similar service in Caernarvonshire during 1955.

“(i) Professor and Mrs. Ewing of the Department of Education of the Deaf, The University, Manchester, and specialists elsewhere, have demonstrated in recent years that young children who are born deaf or who subsequently develop deafness, can be taught to understand speech by observing the lips and other movements of their parents, particularly the mother, and later other children and persons. It is essential also for the child to listen to speech by means of a hearing aid. Most deaf children have some residual hearing which can be improved. They and others have demonstrated that by very early specialised training at home, under skilled guidance, a deaf child may be taught to talk, and that dumbness is largely due to the previous wrong conception of the mechanism of speech development. In the Clinic and Research Department in the University of Manchester, babies as young as six months are brought for investigation, subsequent advice and training. The most extraordinary results are obtained. I quote these extracts from a recent article on the advancements made in one of the London Clinics :

‘ Few children are so deaf that they cannot hear sound at all : most have some hearing, though sounds loud enough to be heard by them occur so rarely that they do not acquire meaning. Children with a little hearing may have learnt to discriminate between noises but not between speech sounds. Sounds which have been learnt become familiar and are then easy sounds, which can be heard and understood

at greater distances than new and difficult sounds could. It is impossible to test a child's hearing accurately until the residual hearing has been trained. The intelligent child will make full use of a few clues which would be of less value to the less intelligent.

It is the child's ability to hear and understand speech after adequate auditory training that is important. This improvement in a child's hearing with training has led us to believe that many severely deaf children, if given the opportunity, could be educated in ordinary schools. The child who at the age of 4 to 4½ can discriminate vowels at the meatus when first tested, and whose speech consists of a few unintelligible words, can be enabled by auditory training with a hearing-aid to make good his deficiency in auditory discrimination and to be educated in an ordinary school.

We can now select these children at an earlier age—2 or 3 years—and have shown that where a child hears (though he does not understand) the voice at 1 or 2 feet, and hears a drum at 10-15 feet, he has enough hearing to enable him to learn speech through his hearing, and, when trained, to go to an ordinary school.

Even when there is no response at the first examination, all children should be given the opportunity of receiving auditory training with a hearing-aid. In some cases they will be found after several months to have an appreciable amount of hearing.

Although the results are quite good at 2 or 3 years, the ideal is to start as soon as possible after the birth of the child, so that the listening opportunities can approximate as nearly as possible to those of the child with normal hearing. The earliest age at which we have given a hearing-aid to a child is 10 months, and there are several others who received their aid when not very much older than this. Most of these children are developing almost normally.'

(ii) A few children from Caernarvonshire have been seen, at my request, in the Department in Manchester, but it is, of course, impossible for mothers to attend the Clinic frequently and there is no trained staff in this County available for guiding and encouraging the mother in her subsequent efforts to train her deaf child to speak. Success or failure is governed by the availability of this continuous training by such staff.

(iii) Some years ago I asked Professor and Mrs. Ewing if they would establish a clinic in this County for the benefit of Caernarvonshire children and adults. Very reluctantly they had to decline, because of the lack of sufficiently trained persons on their staff.

(iv) Recently a clinic has been established in Leicester, and children, not only from the City, but from a large surrounding area attend with the most beneficial results. Mrs. Ewing attended this clinic once monthly in the early stages, but later, as the local staff became more experienced, her visits could be curtailed.

(v) I have recently visited the Department in Manchester to observe their work and also visited Departments in London. Literature on the subject of deafness, which I receive from America and Europe, the pioneer work of the Ewings, and the results obtained in the Partially Deaf

Units of the London County Council, all indicate clearly the need for providing similar benefits for Caernarvonshire children and parents.

(vi) It has also been recognised that early training in babyhood of the deaf child, not only benefits the child in diverse ways apart from its deafness, but lifts from the parents the terrible burden of anxiety and despondency by having a deaf child for whom they believe 'nothing can be done.'

(vii) If we may put aside for a moment the human and Christian aspect of this problem of deafness and consider merely the hard economic facet, it can be readily realised that a child who has learnt to speak before going to a Special School at the age of 4 or 5 years, is so much better equipped to assimilate and benefit from education. Moreover, some children whose deafness is not absolute may, by early training in babyhood, become capable of absorbing education in an ordinary school. A hearing aid would, of course, be necessary for this type of child.

(viii) The bare cost of a place in a Special School is approximately £300 per annum, and there are, in addition, the incidental expenses of travelling for school holidays, the cost of visiting by parents and the natural constant anxiety about the welfare and happiness of the child in the early months. More recently, it is being recognised that the removal of a child from its parents at an early stage is detrimental both to the child and to its parents.

(ix) Therefore, economic considerations alone indicate the necessity for giving Caernarvonshire children and their parents the benefits enjoyed by those more fortunately placed socially or geographically. Members of the School Services Committee will recollect the extraordinary difficulties associated with the persuasion of parents to allow their child to enter a Special School for the Deaf or Partially Deaf, and to remain in it. This reluctance is due to the parents' natural desire to have their children at home, and because they cannot appreciate how much progress has been made in teaching deaf children to speak and to prevent them remaining dumb throughout their lives. In recent experience, a very intelligent deaf little girl was not allowed by a reluctant mother to attend a special school until she was aged 9 years, in spite of the most strenuous personal efforts to persuade and almost to coerce. Encouraging reports are being received but the child will probably be severely handicapped for life.

(x) My recommendation, therefore, is that the Committee should consider authorising me to report on the possibility of establishing a clinic in this County for the investigation and preliminary training of deaf babies and children. Much needed attention and benefit could also be given to some adult deaf people in similar clinics. It would be necessary to train a selected existing staff of three—possibly four Health Visitors, for a period of one month each in Manchester and consequentially to increase the staff of Health Visitors by two. I visualise the attendance of staff from the Manchester Department once a month for consultation and advice and to supervise the continuation clinics conducted by the specially trained staff of the Health Department. The continuation clinics would be held once a week at a convenient existing clinic centre—either Conway or Bangor—perhaps both.

(xi) It may be that a few members of the Committee would appreciate visiting the Department at Manchester, where they could observe for themselves the remarkable advances made.

(xii) I would emphasise that the very early ascertainment of deafness and the subsequent specialised training at clinics and at home is a most encouraging aspect of 'preventive medicine.' Parents would welcome it and I am confident that the Committee would wish to extend this service to them and their children. This extract from the 'Proposals' adopted by the County Council as a Local Health Authority constituted under the National Health Service Act of 1946 is significant :

'The Authority will endeavour to prevent all types of illness by medical, educational and social means, as soon as such means become generally recognised, accepted and available.'

(xiii) Members will readily appreciate the additional most severe handicap of a deaf child having to commence his education usually at an age much later than a child fortunately in possession of all his special senses. The large majority of deaf children are bright ; some of them only appear more dull because of their affliction.

(xiv) I have endeavoured to convey the kernel of the problem without using technical terms. The problem itself is, of course, highly technical and specialised. The further co-operation of the Child Specialist (Paediatrician) and the Aural Surgeon engaged by the Welsh Regional Hospital Board would be necessary and would, I am sure, be readily obtained, in addition to that of the General Practitioner concerned with the child.

(xv) An accurate estimate of the number of children who would require special attention is difficult to obtain, but some indication of the extent of the need may be observed from these figures :—

School children now classified as Totally Deaf	9	} Receiving or requiring education in a Special School
School children now classified as Partially Deaf	5	
School children known to have defective hearing :	354	

Note.—Approximately 5,000 children in fifty schools could not be examined during 1953.

Estimated number of children under five years who have impairment of hearing Approx. 200

Frequently children have to wait for many years before gaining admission to a special school for the deaf or partially deaf. In the meantime their complete development is retarded and their capacity for assimilating education in its widest sense is progressively being contracted."

PRE AND POST NATAL CLINICS

TABLE 23

Year	Number of Women who Attended		Total Attendances
	Pre-Natal Clinic	Post-Natal Clinic	
1939	278	44	644
1940	368	133	1,038
1941	784	213	2,203
1942	839	336	2,915
1943	1,127	318	3,953
1944	1,090	478	4,658
1945	945	468	4,426
1946	1,384	479	6,128
1947	1,325	571	6,647
1948	1,878	528	8,959
*1949	976	253	4,640
*1950	1,002	462	4,509
*1951	983	528	4,566
*1952	1,064	468	4,882
*1953	1,088	252	4,456
*1954	1,025	240	4,500

* Does not include attendances at the County Hospital

CAUSES OF NEO-NATAL DEATHS

England and Wales 1953

TABLE 24

Causes of Neo-Natal Deaths	England & Wales, 1953	
	Per Cent	Rate per 1,000 Live Births
All infective and parasitic diseases	.28	.05
Bronchitis	.33	.06
Pneumonia	7.35	1.30
Diarrhoea of newborn	.51	.09
Immaturity	28.75	5.08
Congenital malformations	15.11	2.67
Asphyxia and atelectasis	20.32	3.59
Congenital debility and other ill-defined diseases of early infancy	1.61	.30
Other causes	25.74	4.53
All causes	100.00	17.67

NEO-NATAL DEATHS

TABLE 25

Year	Live Births	Neo-Natal Deaths	Rate per 1,000 Live Births
1943	1,930	69	35.7
1944	1,946	71	36.4
1945	1,695	63	37.1
1946	2,042	55	26.9
1947	2,184	64	29.3
1948	2,005	39	19.9
1949	1,854	37	19.9
1950	1,761	38	21.58
1951	1,734	36	20.76
1952	1,702	30	17.62
1953	1,717	29	16.89
1954	1,631	36	22.07

STILLBIRTH RATES OF WHOLE COUNTY

TABLE 26

Year	Stillbirths	Rate per 1,000 Total Births
1933	100	57.1
1934	89	52.9
1935	87	50.0
1936	83	49.4
1937	86	50.5
1938	92	53.2
1939	77	44.4
1940	82	49.0
1941	66	36.4
1942	96	47.1
1943	61	30.6
1944	60	29.9
1945	48	27.5
1946	54	25.8
1947	55	24.5
1948	51	24.8
1949	45	23.7
1950	39	21.6
1951	46	25.8
1952	44	25.2
1953	45	25.54
1954	45	26.85

CARE OF CHILDREN

The Children's Officer performs the duties relating to the care of children deprived of a normal home life, but close liaison is maintained between the Children's Department and the Health Department. Regular visits are made by Health Visitors to such children under five years of age as part of their normal duties and advice is given to foster parents regarding the health and care of the children. Facilities for obtaining any necessary treatment are extended.

Children at the Blodwel Children's Home are examined and supervised by one of the Assistant Medical Officers.

There is close liaison between the Health Department and the Children's Department in the arrangements made for the adoption of children. The advice of the Department is sought by the Children's Officer concerning the suitability of prospective parents and supervisory visits are made to children who have been placed for trial before actual adoption.

The Council's arrangements for the protection of children against tuberculosis were maintained during the year.

The new Residential Nursery in Llandudno will be opened in 1955 with accommodation for fifteen babies.

CHAPTER 4

MIDWIFERY

I maintain medical supervision of Midwives and the County Supervisor of Midwives supervises all midwives employed by the County Council, midwives in private practice and midwives employed in private Nursing Homes.

Three full time and 48 part time midwives were employed by the Council at the end of the year. The 48 part-time midwives also acted as Home Nurses, a practice which should be discontinued as soon as sufficient staff becomes available.

Forty-six of the midwives employed by the Council are qualified to administer gas and air analgesia and there are forty-three sets of apparatus provided for their use. Gas and air analgesia was administered to 226 mothers during the year—in 127 instances when the doctor was not present at the time the child was born.

All midwives have received full instructions in the administration of Pethidine and the conditions under which it is to be obtained and used. Pethidine was given to 178 mothers during 1954—in 72 instances when the midwife acted as a midwife and in 106 instances when acting as Maternity Nurse.

All Midwives attended Pre-natal clinics in centres adjoining their areas and the Special Midwives' Relaxation Clinics where expectant mothers received instruction in their preparation for childbirth. Expectant mothers who were unable to attend these clinics were taught relaxation and given advice in their own homes by the midwives.

Midwives made 2,978 attendances on 943 mothers who were discharged from the County Hospital before the fourteenth day after confinement during 1954. Administrative arrangements described previously were continued.

Maternity Outfits of an approved type are issued to Midwives and 483 were given free of charge to mothers confined at home during 1954.

Medical Aid was summoned on 20 occasions during the year ; in 8 instances where the Medical Practitioner had arranged to provide the patient with Maternity Medical Services under the National Health Service Act.

Details of the midwives practising in the county and the work performed by them are given in these tables :—

TABLE 27
(1) Midwives

Midwives	Number Practising		
	Domiciliary Midwives	Midwives in Institutions	Total
(a) Employed by the County Council	51	—	51
(b) Employed by voluntary organisations :			
(i) Under arrangements with the Council	—	—	—
(ii) Otherwise	—	—	—
(c) Employed by the Hospital Management Committee ...	—	31	31
(d) In private practice (including Maternity Homes)	1	2	3
Totals	52	33	85

(2) Confinements Attended During 1954

	Domiciliary Confinements					Births in Instit- tutions
	Doctor not Booked		Doctor Booked		Totals	
	Doctor present at delivery	Doctor not present	Doctor present at delivery	Doctor not present		
Midwives employed by the Council ...	4	69	196	173	442	—
Midwives employed by the Hospital Management Committee ...	—	—	—	—	—	1,637
Midwives in private practice including Nursing Homes	—	—	—	—	—	65
Totals	4	69	196	173	442	1,702

Tables Nos. 28, 29 and 30 illustrate the service provided.

TABLE 28
Midwifery and Maternity Cases

Period January–December	Number of Cases Nursed Entirely at Home	Number of Attendances	Number of Attendances per Case
1950	528	14,732	28
1951	498	15,494	31
1952	445	14,450	32
1953	487	15,810	32
1954	442	13,477	30

Although the number of cases confined at home shows a reduction from 528 to 442, the duties of the midwives have not been correspondingly reduced because of the additional pre- and post-natal home attendances and the additional attendances of staff at pre- and post-natal and Midwives' Clinics. It should be emphasised that statutory attendances have to be paid to mothers discharged from hospital before the 14th day and details of these are given in Table 29 from which it will be seen that the number of such cases have been more than doubled since 1950.

TABLE 29
Discharged Hospital Cases and Miscarriages

Period Jan. to Dec.	Miscarriages			Cases confined in Hospital but discharged home before the 14th day		
	Cases	Attendances	Attendances per Case	Cases	Attendances	Attendances per Case
1950	62	416	7	371	1,395	4
1951	41	247	6	641	2,434	4
1952	30	265	9	819	3,139	4
1953	36	309	9	821	2,908	4
1954	29	143	5	943	2,978	3

Particulars of attendances by District Nurse/Midwives at half-day sessions at the various clinics are given in Table 30.

TABLE 30

	Period: January–December 1954
Pre-Natal Clinics	799
Infant Welfare Clinics	624
Midwives' Clinics	585
School Medical Inspections	94

CHAPTER 5

HEALTH VISITING

This service was performed by twenty Health Visitors under the supervision of a Superintendent during 1954. Three District Nurse/Midwives and the Infectious Diseases Nurse for whom dispensations were granted by the Ministry of Health, acted as part-time Health Visitors in areas where there were no full time Health Visitors.

The areas now provided with full time Health Visitors are much too large and consequently the multifarious duties which they have to perform have to be seriously curtailed.

TABLE 31

No. of attendances on children under one year of age :							
First attendances	...	...	...	...	...	...	1,487
Total attendances	...	...	...	...	...	...	19,564
No. of attendances on children between 1 and 5 years of age :							
First attendances	...	...	...	...	...	...	15
Total attendances	...	...	...	...	...	...	20,243
No. of other attendances :							
Housing and sanitation	...	...	...	...	...	...	98
Mental defectives	...	...	...	...	...	...	555
Home conditions of children	...	...	...	...	...	...	219
Old people	...	...	...	...	...	...	320
General illness	...	...	...	...	...	...	28
Tuberculosis	...	...	...	...	...	...	3,823
Infectious diseases	...	...	...	...	...	...	1,252
Miscellaneous attendances	...	...	...	...	...	...	3,407
No. of attendances (half-day sessions) at :							
Pre- and Post-Natal Clinics	...	...	...	...	...	...	248
Infant Welfare Clinics	...	...	...	...	...	...	772
General Clinics	...	...	...	...	...	...	230
Other Clinics	...	...	...	...	...	...	435
School Health :							
Follow-up attendances at homes	...	...	...	...	...	...	1,682
Follow-up attendances at schools	...	...	...	...	...	...	156
Attendances concerning uncleanliness (a) at homes	...	...	...	...	...	...	633
(b) at schools	...	...	...	...	...	...	1,094
No. of attendances at School Medical Inspections (half-day sessions)							
...	...	...	...	...	...	...	493
Minor ailments treated	...	...	...	...	...	...	765
No. of attendances for treatment	...	...	...	...	...	...	1,950
No. of cleanliness examinations	...	...	...	...	...	...	72,642
No. of other attendances	...	...	...	...	...	...	548

CHAPTER 6

HOME NURSING

The Home Nursing staff consisted of four full time and forty-eight part-time Home Nurses during 1954. The part-time Home Nurses also acted as District Midwives.

Attendance by District Nurses on patients in their homes affords them an opportunity of teaching and they are encouraged to develop this important branch of the service. In many instances it may be possible for them to explain how a disease could have been avoided and how it may be prevented from infecting other members of the family.

All Home Nurses are encouraged to attend Post Graduate Courses and three attended such courses during 1954.

Details of the work performed during the year are given in Table 32.

TABLE 32

Type of Case Attended	Analysis of Cases			Total Attendances during the year
	No. on Register at the beginning of the year	No. of new cases during the year	No. on Register at the end of the year	
Surgical	154	1,669	155	32,203
Medical	511	4,267	569	89,161
Infectious Diseases	—	7	—	49
Tuberculosis	21	117	18	6,032
Other	18	3,812	19	5,288
Totals	704	9,872	761	132,733

An indication of the increasing demand on this service since the Council became responsible for it in July 1948 may be obtained from Table 33. We see that the number of home nursing cases increased by 3,558 for the same periods between 1950 and 1954 and the corresponding number of attendances increased by 34,744.

TABLE 33
Home Nursing

Period January— December	Number of Cases	Number of Attendances	Attendances per Case
1950	7,018	97,989	14
1951	10,447	115,609	11
1952	9,856	120,778	12
1953	10,415	130,058	12
1954	10,576	132,733	13

CHAPTER 7

VACCINATION AND IMMUNISATION

Arrangements for performing vaccination and immunisation continued as in previous years.

As was to be expected when vaccination ceased to be compulsory in July 1948, there was a marked reduction in the number of children vaccinated in the latter half of that year, and in 1949. It was at once necessary to re-educate parents and convince them of the value of this service to their children. It was no easy task to guide parents to do something voluntarily which they had hitherto been compelled to do reluctantly. Continued persuasion and teaching by the Medical and Nursing staffs over the last five years has, I am glad to say, increased the number of children vaccinated and it is gratifying to see a steady increase in this figure annually. Still greater efforts must be made, however, to ensure that a much larger proportion of the children born in the county are vaccinated.

Table 34 gives details of the vaccinations performed during 1954.

TABLE 34

No. of Children	Age at time of Vaccination				Total
	Under 1	1—4	5—14	Over 15	
Vaccinated ...	592	256	59	38	945
Re-vaccinated ...	—	3	6	82	91

Immunisation

Immunisation against Diphtheria was performed by the Council's Assistant Medical Officers and by General Practitioners. The number of children who completed the full course of immunisation in 1954 was 1,211 of whom 806 were immunised by Assistant Medical Officers and 405 by General Practitioners.

The remarkable success of this scheme since it was first introduced in the county in 1939 is shown in Table 35 but it is important to ensure that the almost complete eradication of this disease in recent years is not interpreted by parents as an indication that Diphtheria Immunisation is no longer necessary.

Arrangements for propaganda and "boosting" were continued during 1954.

TABLE 35

DIPHTHERIA—INCIDENCE AND MORTALITY**Rates per 100,000 Population**

Year	Incidence		Mortality	
	Cases Notified	Attack Rate	Deaths	Death Rate
1939	202	169	8	7
1940	175	137	10	8
1941	204	143	10	6
1942	242	176	8	7
1943	159	120	3	2
1944	85	67	3	2
1945	91	74	3	3
1946	19	15	1	1
1947	19	15	—	—
1948	18	14	—	—
1949	2	1.6	—	—
1950	1	0.8	1	0.8
1951	2	1.6	—	—
1952	—	—	—	—
1953	—	—	—	—
1954	—	—	—	—

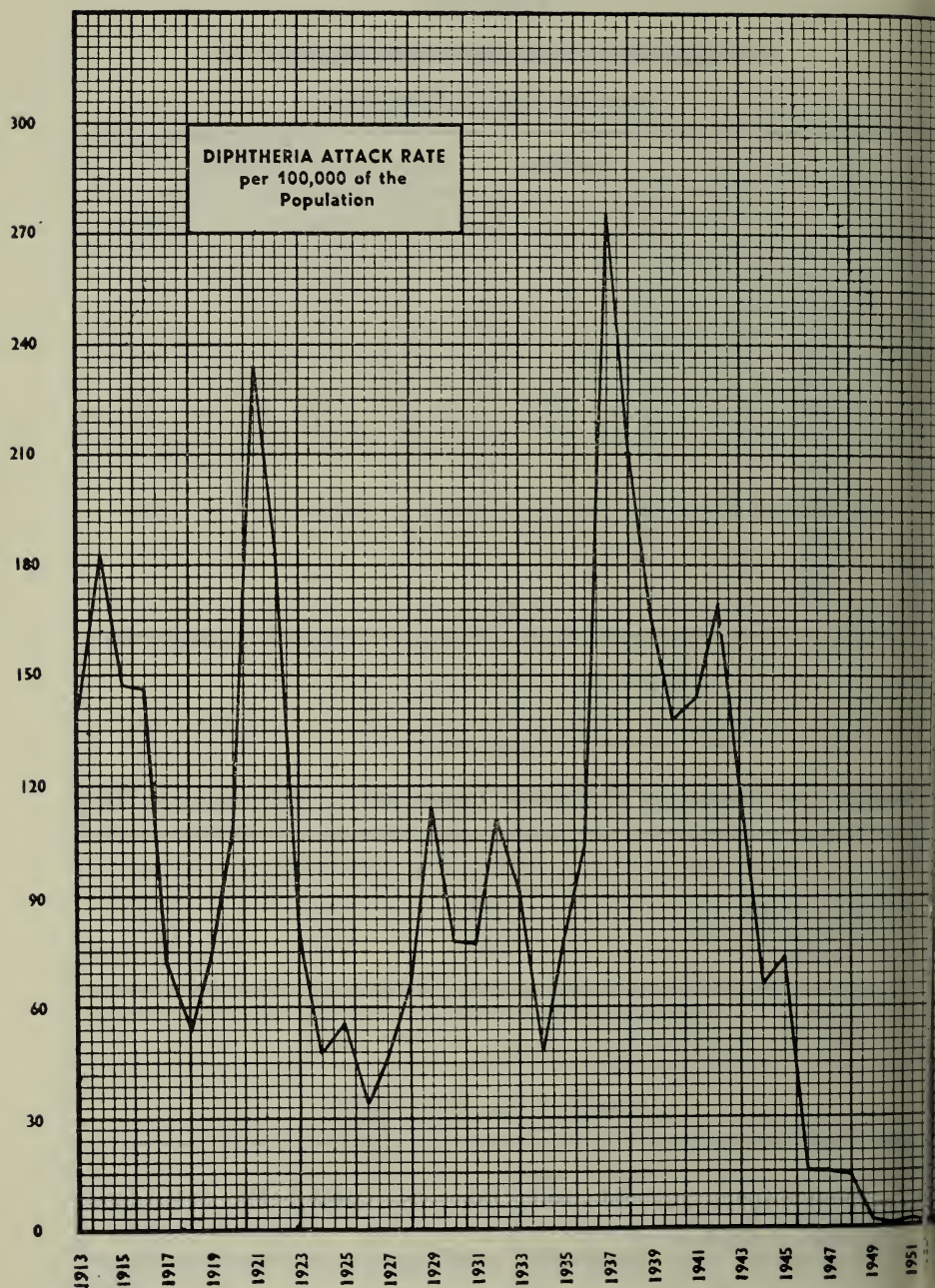
TABLE 36

Number and Percentage of Children Immunised at 31st December, 1954

	0-4 years	5-14 years	Total
Child Population	8,300	17,100	25,400
Children Immunised	4,868	13,239	18,107
Percentage	58.65	77.42	71.28

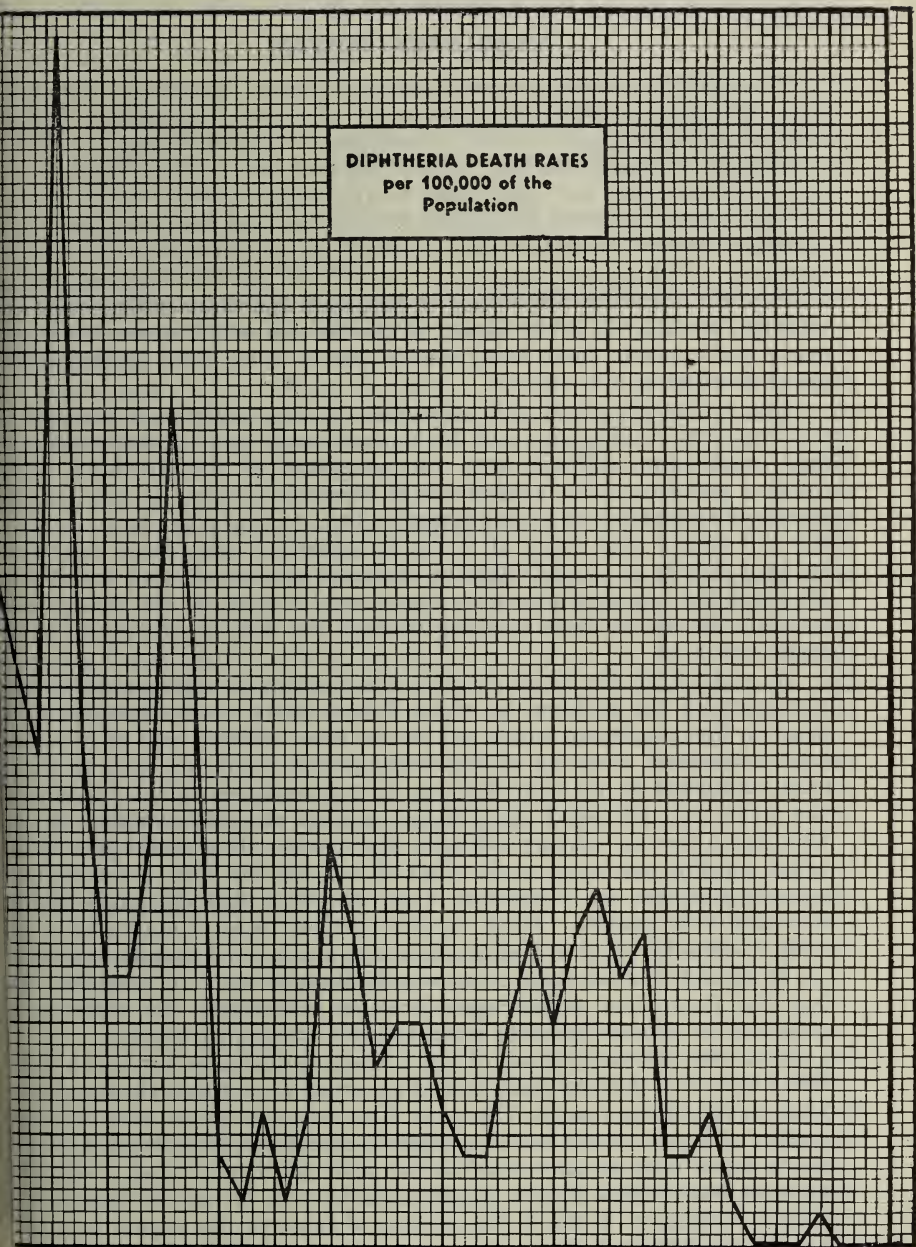
Analysis of the Above Table

Year of Birth	1940- 1944	1945- 1949	1950	1951	1952	1953	1954	Total
Number of Children Immunised ...	6,310	6,929	1,331	1,247	1,177	969	144	18,107



DIPHTHERIA DEATH RATES
per 100,000 of the
Population

1915 1917 1919 1921 1923 1925 1927 1929 1931 1933 1935 1937 1939 1941 1943 1945 1947 1949 1951 1953 1954



CHAPTER 8

AMBULANCE SERVICE

This service is administered under my general direction. The Chief Fire Officer also holds the appointment of County Ambulance Officer and the General Control Room is common to both Services.

This is a summary of the report prepared by the Chief Ambulance Officer for the year 1st April, 1954, to 31st March, 1955.

"We do, at all times, endeavour to carry out our duty with pride and efficiency but the commitments, at times, do tax the service beyond its resources. With normal routine removals little harm is done but delays that are occasioned in responding to accidents and other emergencies are vital and serious. It is this aspect of the Service which causes me much worry and concern, there being several points to be noted which add to our difficulties in this respect.

Due to topographical and population factors, ambulance stations in this County are widespread and this tends to make inter-station assistance that much more difficult with the exception of the Northern Area. Another problem to be faced is one of communications. In this County the majority of the cases must be conveyed to a central point for treatment, and this means that many of the ambulances are away from their base for long periods at a time. Finally, the large amount of work entailed in inter-hospital transfers places an operational burden on the service and prevents the service from carrying through the duty as efficiently as we would like.

In view of all the above factors, the Committee will appreciate the immensity of the problem to which I have given much thought in an effort to find a solution which will be the most efficient and at the same time economical, covering all the contingencies which we have to meet. I am confirmed in my view that my recommendation to the Committee two years ago to install an efficient system of VHF wireless in our Ambulance Service vehicles will solve the matter. This would permit the fullest possible use being made of all of our vehicles, and, from my own experience of the use of wireless, I am confident that efficiency will be increased very greatly. From reports received from Counties who are using wireless for their ambulance services, it is proved that such services can be operated much more economically than without. I, therefore, feel that the Committee might again wish to investigate the question of installing an efficient wireless system in our ambulance service.

From the commencement of the County Ambulance Service in July, 1948 I have had the task each year of reporting to you that the number of cases moved has increased. This year, I am happy to report that the total number of cases carried has very slightly decreased, and whilst I should like to think that we have reached the peak number of cases, I consider we must wait a little longer to ascertain whether or not the figures will remain stationary. If this is the number of cases we can expect annually, it will permit us to really re-organise our service in order to obtain maximum efficiency.

I would like here to record my appreciation of the responsible attitude adopted by many of the Medical Practitioners in regard to the Ambulance Service and whose co-operation is vitally important in reducing the number of persons moved. There are, however, still far too many members of the public who feel that the Ambulance Service is a method of free public transportation to be used for convenience rather than necessity, and it is invariably this attitude which is responsible for the maintenance of a high ambulance rate.

It will be seen from the following statistics that the total reduction in the number of patients carried was 1,593, with a corresponding decrease in the total mileage of 9,874.

The following statistics indicate the work carried out during the year and, for comparison, the figures for the previous year are also shown.

Work Done

<i>Vehicles used</i>	<i>Types of Cases</i>	1954/55	1953/54
Ambulances	Accident	251	245
	Emergency	1,363	1,477
	General—Recumbent ...	5,290	5,044
	Sitting	12,623	14,784
	Maternity	473	195
	Infectious	177	219
		20,177	21,964
Sitting Case Cars	All types	18,404	18,261
Other Authorities	All types	249	212
Rail transport	All types	25	11
	GRAND TOTAL ...	38,855	40,448

Note—The above figure for sitting case cars includes 202 patients conveyed by W.V.S. cars.

MILEAGE INCURRED		1954/55	1953/54
By Ambulances	(a) Patient carrying ...	238,698	250,702
	(b) Others, <i>i.e.</i> , Service runs, Special Services, Civil Defence Training, etc.	8,695	8,947
		247,393	259,649
By Sitting Case Cars	Patient carrying	382,670	380,288
	GRAND TOTAL ...	630,063	639,937

Note—The above figure for sitting case cars includes 3,335 miles incurred by W.V.S. cars.

Work Done by Other Authorities

This work was carried out on behalf of Caernarvonshire by three authorities as follows and consisted in the main of returning patients to their homes in Caernarvonshire after treatment and/or operations at Hospitals outside this County.

<i>Authority</i>	<i>No. of Patients</i>
Liverpool County Borough	157
Merionethshire County Council	84
Denbighshire County Council	8
Total	<u>249</u>

Rail Transport

Following representations to Hospitals and General Practitioners a considerable increase in the number of patients conveyed by rail occurred during the year as compared to the previous years and in all, 25 patients, some recumbent, used this mode of transport with a consequent saving in ambulance mileage of approximately 8,000 miles.

Inter-Hospital Work Carried Out

Destination	By Ambulances Patients	By Sitting Cars Patients	Total
Within Caernarvonshire	2,367	478	2,845
Hospitals in Caernarvonshire to Hospitals in			
(a) Liverpool	78	36	114
(b) Ministry of Pensions (Liver- pool)	4	3	7
(c) Denbighshire	28	34	62
(d) Flintshire	33	3	36
(e) Manchester	33	7	40
(f) Anglesey	48	10	58
(g) Other Counties	49	15	64
Total patients	2,640	586	3,226
Mileage incurred :—			
(a) Inside County	14,961	4,856	19,817
(b) Out of County	25,403	11,229	36,632
Total	40,364	16,085	56,449

Patients Moved from Homes in Caernarvonshire to Hospitals Outside the County

Destination	By Ambulances Patients	By Sitting Cars Patients	Total
Liverpool	86	652	738
Ministry of Pensions (Liverpool)...	10	79	89
Manchester	7	24	31
Denbighshire	128	614	742
Anglesey	31	33	64
Merioneth	10	910	920
Flintshire	27	45	72
Others	19	101	120
Specialists	12	53	65
Total patients	330	2,511	2,841
Total mileage incurred ...	18,953	103,539	122,492

Patients Moved from Caernarvonshire Hospitals to Private Addresses Outside the County

<i>Patients</i>			
By Ambulances	22	Mileage ...	3,321
By Sitting Cars ...	38	Mileage ...	4,193
Totals ...	60		7,514

CIVIL DEFENCE

The Civil Defence Ambulance and Casualty Collection Service enrolled 27 personnel during the year and the strength as at the 31st March, 1955, was :—

Male ... 57 Females ... 64 Total = 121

Training

Emphasis has been made on practical work Training including First Aid pending the issue by the Ministry of the revised syllabus of training for the section and classes have been operated at Caernarvon, Llanberis and Llandudno by the Officers of the whole-time service.

Following on driving instruction at Caernarvon, I am pleased to be able to report that all six learner-drivers were successful in passing the Ministry of Transport driving test and are now qualified to drive ambulances."

CHAPTER 9

PREVENTION OF ILLNESS, CARE AND AFTERCARE

The services provided by the Council for the prevention of tuberculosis, and for the care and after-care of tuberculous patients are administered in close co-operation with those of the Regional Hospital Board for diagnosis and treatment, and arrangements made many years ago for the examination of contacts to notified cases of tuberculosis have been continued.

Immediately notifications of tuberculosis are received in my Department, the Health Visitors for the areas are asked to visit the homes and to submit full details of all contacts to me. These contacts are then invited to attend at special weekly clinics held by the Chest Physician in various parts of the county, and reports of the examinations are recorded in my Department. Contacts who fail to attend for examination when invited are visited by the Health Visitors and persuaded to attend at later clinics.

A personal letter is sent by me to parents who do not attend after the Health Visitor's second visit. I am still disappointed at the response of some families to the offer of examination. We fail to attract all contacts, and the outlook of all those concerned with tuberculosis requires revision.

Table 38 on page 00 gives particulars of "contacts" who were examined at these clinics in 1954 with the results of the examinations.

There is full exchange of information concerning patients and their families between the Chest Physician and my Department and services provided by the County Council are frequently made available to patients on the recommendations of the Chest Physician. The Welfare and Rehabilitation Officer of the County Council maintains close liaison with the Chest Clinics.

Nine open-air shelters were on loan to patients in various parts of the county during the year and were of considerable value in the semi-isolation of patients from the remainder of their families, and in relieving overcrowding in their homes. Patients were given advice and guidance so that they could derive the greatest benefit from their use.

The chronic nature of this disease often causes financial worry and depression. In addition to obtaining financial assistance for patients from Statutory and Voluntary bodies, the Welfare and Rehabilitation Officer has been able to assist some patients by introducing occupational therapy and assisting them to sell their products. Further extension of occupational therapy would be most beneficial to many patients if staff were made available.

2.5

2.0

1.5

1.0

0.5

0.0



Immunisation against Tuberculosis, originally introduced in this county in July 1950, was continued for infants and children in contact with tuberculous parents and particularly newly born babies of tuberculous mothers. The service could not in 1954 be extended to school leavers approaching their fourteenth birthday because of changes in the Medical Staff and the impossibility of obtaining suitably qualified doctors to replace those that left. All school children of fourteen years of age and over will be offered this protection against tuberculosis early in 1955.

Special Clinics are held in various parts of the county for the younger children and immunisation is performed by the Chest Physician and his staff after the preliminary skin tests have been done by Assistant Medical Officers of the County Council, who also do the post-immunisation skin tests.

Table 39 gives details of children immunised against tuberculosis since the commencement of the scheme. It is, of course, much too soon to form any definite conclusions on the immunisation performed in this county to date. There is no doubt in my mind that B.C.G. Immunisation reduces considerably the risk of developing the disease. The extension of the scheme to school leavers should prove valuable to them before they enter an age group in which the incidence of tuberculosis is relatively high in Caernarvonshire. I confidently anticipate a considerable reduction in the incidence of tuberculosis in the county by the time the results of the work now being done can be accurately assessed.

TABLE 39

	Preliminary Skin Test		Children immunised with B.C.G.						Reaction after Immunisation	
			Age Periods							
Year	+	— Reaction	—1	1—5	5—10	10—15	15—20	Total	Positive	Nega- tive
1950 ...	10	36	13	10	6	7	—	36	36	—
1951 ...	41	116	18	35	35	26	2	116	114*	1†
1952 ...	22	147	26	61	34	22	4	147	147	—
1953 ...	34	101	42	25	18	12	4	101	101	—
1954 ...	25	309	69	80	96	52	12	309	299‡	—
Totals...	132	709	168	211	159	119	22	709	697	1

* One child left the county before an examination could be made to ascertain the reaction.

† Child had negative reaction after first Post Immunisation Test and was given a second application but the parents refused further examination.

‡ Ten children failed to attend for post-immunisation examination.

TABLE 40

Year	No. of Registered Deaths from Tuberculosis (All forms)	Death Rate per 100,000 of the Population
1944	113	89
1945	94	77
1946	108	88
1947	85	69
1948	95	76
1949	88	71
1950	79	64
1951	68	55
1952	49	40
1953	49	40
1954	63	51

TABLE 41

Summary of Formal Notifications of Tuberculosis received during 1954

		AGE PERIODS													Total all Ages
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
PULMONARY :	Males ...	1	—	—	3	4	6	6	16	13	12	16	7	3	87
	Females ...	—	1	1	5	4	6	16	15	9	4	1	5	—	67
NON-PULMONARY :	Males ...	—	—	—	1	—	2	1	4	1	3	—	—	—	12
	Females ...	—	—	—	—	1	1	2	3	3	1	1	—	—	12

TABLE 42

New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during 1954 otherwise than by Formal Notification

		AGE PERIODS													Total all Ages
		0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
PULMONARY :	Males ...	—	—	—	—	—	—	—	2	—	—	3	4	2	11
	Females ...	—	—	—	—	—	—	—	—	—	—	—	1	2	3
NON-PULMONARY :	Males ...	—	1	—	—	—	—	1	—	1	1	—	1	—	5
	Females ...	—	—	—	—	—	—	—	—	—	—	1	—	—	1

TABLE 43

Distribution of Mortality

	Age Period						Total All Ages
	Under 1	1—	5—	15—	45—	65—	
Pulmonary :							
Males	—	—	—	14	15	16	45
Females	—	—	—	6	1	6	13
Non-Pulmonary :							
Males	—	—	—	1	1	—	2
Females	—	1	1	—	1	—	3
Totals	—	1	1	21	18	22	63

CANCER

The death rate for Cancer in 1954 was 2.58 an increase of 0.4 per 1,000 of the population as compared with 1953. The rate has increased however, from 1.2 per 1,000 of the population in 1902.

I have commented fully on this matter in my report for 1952 and particulars of the deaths in 1954 are given in these tables :

TABLE 44

Urban		Rural	
Bangor ...	30	Nant Conway ...	10
Bethesda ...	13	Gwyrfai... ..	70
Betwsycoed ...	—	Lleyn	44
Caernarvon ...	25	Ogwen	14
Conway ...	25		
Criccieth ...	6		
Llandudno ...	45		
Llanfairfechan...	7		
Penmaenmawr	14		
Pwllheli ...	11		
Portmadoc ...	4		
Totals ...	180		138

AGE AND SEX DISTRIBUTION OF DEATHS

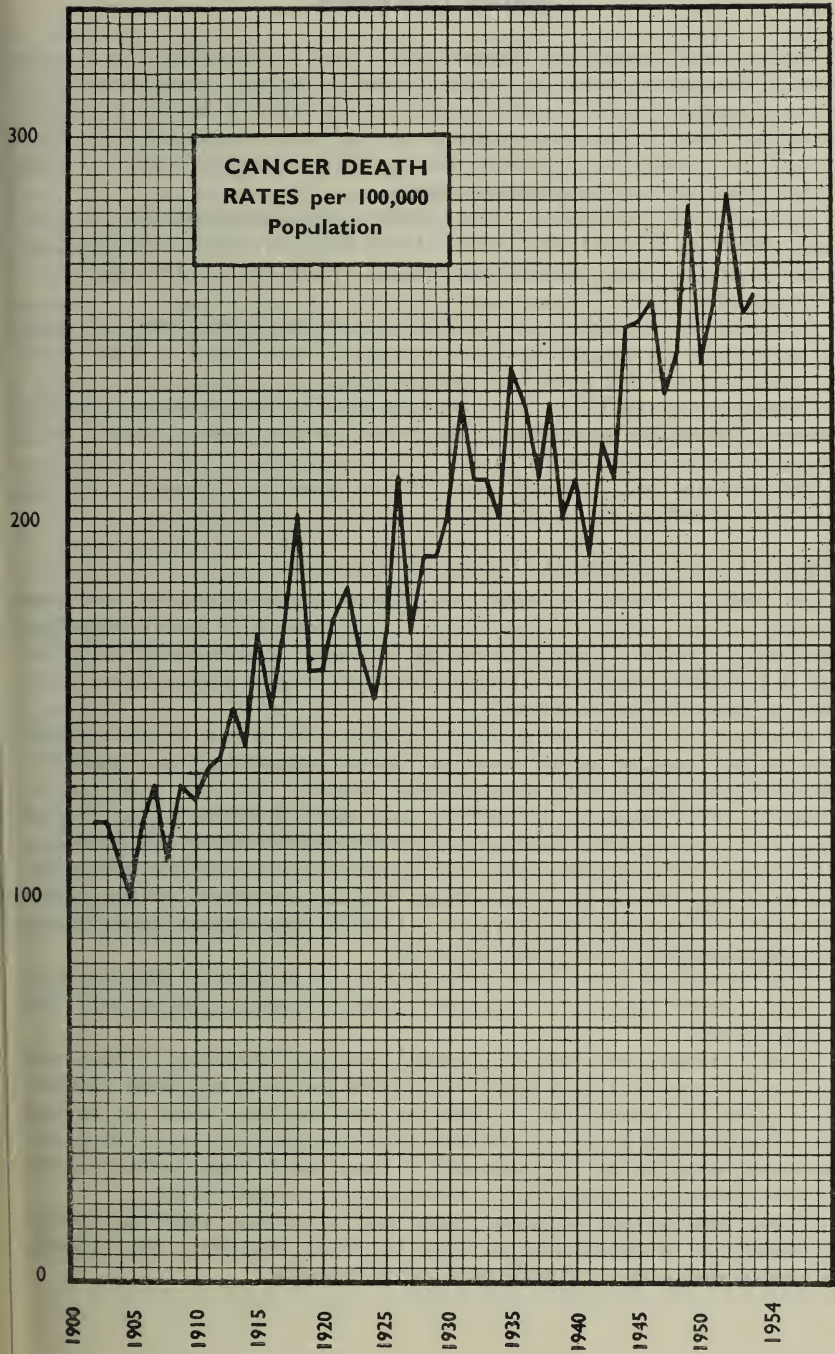
TABLE 45

Sex	All ages	Under 1	1-	5-	15-	45-	65-
Males ...	166	—	—	—	7	54	105
Females ...	152	—	—	—	3	47	102
Totals ...	318	—	—	—	10	101	207

DEATHS FROM CANCER SINCE 1940

TABLE 46

Year	Number of Deaths	Death Rate per 1,000 of the Population
1940	273	2.1
1941	276	1.9
1942	303	2.2
1943	281	2.1
1944	328	2.5
1945	306	2.51
1946	315	2.57
1947	285	2.32
1948	304	2.43
1949	348	2.82
1950	297	2.40
1951	317	2.57
1952	349	2.84
1953	312	2.54
1954	318	2.58



OTHER ILLNESSES

Patients suffering from illnesses other than tuberculosis can receive some of the service available to tuberculous patients. Consultants in the various hospitals in the county have been invited to let me have any relevant medical information about any patients who could be helped through the Welfare and Rehabilitation Service or any of the other services provided by the County Council.

The services rendered by the Welfare and Rehabilitation Officer, Health Visitors, District Nurses and Home Helps are often supplemented by the issue on loan of articles of nursing equipment for the temporary use of patients.

Convalescence is provided at suitable homes for persons who have been discharged from hospitals or have recovered from illness at home, and who require a further period of recuperation.

Financial responsibility was accepted for the maintenance of twelve persons at these homes during 1954, two of which were admitted for a second period of convalescence.

The Welfare and Rehabilitation Officer submitted this report on the work she performed during the year.

“ TO THE COUNTY MEDICAL OFFICER OF HEALTH.

My work in connection with the prevention and after care of illness has always been, firstly, to assist in the solution of those social difficulties which contribute to illness and hinder recovery, and secondly to do all that is possible to improve the conditions of life for those permanently disabled through illness or accident.

This has to be done with discrimination and with a definite end in view so that families do not come to rely on outside help too much but can be encouraged to help themselves.

During 1954 financial difficulties as a result of illness increased, and there has been a general increase in the requests for material assistance. This I believe to be partly due to the economic situation—the rise in the cost of living—which to some extent will be corrected by the recent increases in the statutory allowances. For the tuberculous, particularly, it has proved difficult to fulfil all needs.

These problems have, however, acted as an additional stimulus and, by close co-operation with the statutory and voluntary bodies, much has been achieved.

Many patients have been encouraged to accept treatment in Sanatoria after an explanation of the services available for them and their families, and by practical assistance in obtaining the help they need. In several cases where garden shelters have been recommended, the use of these has been made possible by the provision of beds and bedding, either by the National Assistance Board or by voluntary benevolent funds.

It has always been my aim, where there is genuine need and special circumstances, to make every attempt to obtain assistance, even though the normal and easier methods may not be possible.

One patient, a boy of 15, entered sanatorium as a slim schoolboy, but on discharge weighed 14 stones and was over 6 feet in height. Three grants for clothing from local and National voluntary societies were obtained as he was ineligible for assistance from the statutory bodies.

In another case, the family of a young Service pensioner unable to walk without assistance and also completely deaf, have been helped to obtain a television set for him by a grant from his Service Benevolent Fund, contacted by me. He has also been encouraged to take up marquetry work, and the British Red Cross Society are assisting with the provision of materials.

Assistance is also given to orthopaedic cases, and grants for the provision of suitable shoes for children, recommended by the Orthopaedic Surgeon, have been obtained where there are necessitous circumstances.

The value of regular visiting and general assistance given over a period of time has again been emphasised. The parents of a boy of 16 disabled as the result of an accident, were unwilling to allow him to leave home to take a course of rehabilitation and training, but, after repeated visits and some general help in other ways, they finally gave consent, and arrangements have been made through the Youth Employment Officer for him to receive training at Derwen Cripples Workshop.

The elderly living alone are frequently in need of help and advice. Their difficulties are often solved by an explanation of the services available. Practical help in seemingly small and insignificant matters can mean a great deal to them.

MANWEB was contacted to help one elderly lady who had to stand on a chair behind her kitchen door each time a shilling was needed in the meter, and it was possible for the meter to be placed in a more convenient position.

Since the appointment of Miss Gregory as Almoner to the Caernarvon and Anglesey General Hospital Management Committee, close liaison has been maintained with her so that patients receive all the help necessary on their discharge from hospital to hasten their full recovery.

It will be seen that the needs of patients are very varied, and it is necessary to be understanding of their difficulties and aware of all the sources available for their help.

H. J. CROXFORD."

TABLE 47

ANALYSIS OF WORK PERFORMED

	Tuber- culosis	Dia- betic	Ortho- paedic	Car- diac	Respir- atory	Others	Total
No. of visits to New Cases	70	5	29	52	9	71	236
No. of visits to Old Cases	322	13	127	121	34	113	730
No. of visits to or contacts with :							
Ministry of Labour	95	1	12	5	1	24	138
National Assistance Board	128	1	15	10	6	46	206
Housing Authorities	1	—	—	—	1	5	7
Red Cross and St. John Societies	65	2	5	1	1	26	100
Others	143	1	56	6	1	76	283
TOTALS	824	23	244	195	53	361	1,700

BLIND PERSONS

It has not been possible to obtain accurate information concerning all cases who have received treatment and, therefore, no figures are presented. Additional beds for the treatment of eye diseases are likely to be provided soon which will lessen the waiting time.

The total number of persons on the register at the end of 1954 was :—

Blind 426

Partially blind 108

No cases of Ophthalmia Neonatorum nor Retrolental Fibroplasia were reported during the year.

TABLE 48

Registered Blind and Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
1. Number of new cases registered during the year 1954 :				
(a) No treatment recommended	7	—	—	48
(b) Treatment recommended (Medical, Surgical or Optical)	28	11	—	4

VENEREAL DISEASES

The close co-operation between the Consultant Venereologist and the Department was maintained during 1954 in order to ensure that all persons suffering from Venereal Diseases obtain treatment as early as possible and that they continue treatment until they are completely cured. Enquiries were constantly made concerning persons who had been exposed to infection and persuasive measures were adopted to secure their attendance at the Clinics for examination.

Special transport was provided in some instances, particularly for mothers with very young babies, to convey them to the clinics for treatment.

The Clinic established at my request at the County Hospital in 1949, was continued. All Wasserman positive mothers and children admitted to the Hospital receive treatment from the Consultant and are subsequently observed until cure can be declared.

Particulars of Caernarvonshire cases treated and the results of treatment during 1954 are given in these tables.

If all mothers who do not attend the pre-natal clinics received similar attention and treatment, congenital syphilis could be prevented and eliminated entirely.

TABLE 49

Number of Specimens	Microscopical			Serum		Cerebro Spinal Fluid	Others for diagnosis of V.D.
	For Syphilis	For Gonorrhoea		For Syphilis	For Gonorrhoea		
1. Examined at and by the Medical Officer at the Treatment Centre	—	—	—	—	—	—	—
2. From patients attending at the Treatment Centres for examination to an approved laboratory	—	33	33	276	58	6	42

TABLE 50

Number of Cases	Syphilis		Gonorrhoea		Other		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
1. Under treatment or observation on 1st January ...	45	66	5	1	10	15	60	82	142
2. Removed from the Register during any previous year which returned during the year under report for treatment or observation of the same infection ...	2	9	—	2	—	—	2	11	13
3. Dealt with for the first time during the year under report (exclusive of cases under item 4) ...	10	19	5	3	32	12	47	34	81
4. Dealt with for the first time during the year under report but known to have received treatment at other centres for the same infection ...	1	3	—	—	—	—	1	3	4
Total (Items 1-4) ...	58	97	10	6	42	27	110	130	240
5. Discharged after completion of treatment and final test of cure or after diagnosis as non-venereal ...	3	2	3	—	32	16	38	18	56
6. Which ceased to attend after completion of treatment but before final discharge ...	7	11	3	3	—	—	10	14	24
7. Which ceased to attend before completion of treatment or who died ...	1	3	—	1	—	—	1	4	5
8. Transferred to other centres or to institutions or to care of private practitioners ...	3	7	1	—	2	—	6	7	13
9. Remaining under treatment or observation on December 31st ...	44	74	3	2	8	11	55	87	142
Total (Items 5-9) ...	58	97	10	6	42	27	110	130	240
10. Included in Item 6 which failed to complete one course of treatment ...	1	1	—	—	—	—	1	1	2
11. Number of attendances for individual attention by medical officers and for intermediate treatment ..	564	905	42	25	129	46	735	976	1,711

TABLE 51
Summary of Caernarvonshire Cases (with Results) Treated during 1940-1954

Year	NUMBER ATTENDED						NUMBER TREATED						LEFT OFF TREATMENT						TRANSFERRED TO OTHER CENTRES, ETC.						PRESUMED CURED						STILL UNDER TREATMENT															
	Syphilis			Gon.			Other			Syphilis			Gon.			Other			Syphilis			Gon.			Other			Syphilis			Gon.			Other												
	M. F.			M. F.			M. F.			M. F.			M. F.			M. F.			M. F.			M. F.			M. F.			M. F.			M. F.			M. F.												
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.											
1940	16	15		20	9		16	15		20	9		1	—		2	—		—	—		—	—		5	5		13	9		—	10	10		5	—		—	—							
1941	20	17		9	4		20	17		9	4		5	5		3	1		—	—		—	—		—	1		6	—		13	11		2	3		—	—								
1942	25	17		16	9		25	17		16	9		2	3		4	1		—	—		1	—		—	—		9	2		20	12		4	2		6	—								
1943	40	25		21	6		40	25		21	6		13	15		2	4		—	—		—	—		5	—		9	2		13	15		8	4		—	—								
1944	52	38		21	14		52	38		21	14		9	28		19	12		3	2		—	—		10	5		3	1		7	28		20	4		8	2		—						
1945	25	38		22	14		25	38		22	14		19	36		3	5		—	—		—	—		—	2		1	5		4	12		20	24		14	10		7	16					
1946	50	45		40	19		50	45		40	19		30	19		4	17		5	—		—	—		6	4		15	6		26	15		32	30		8	4		4	4					
1947	87	92		42	21		87	92		42	21		20	22		15	4		15	7		3	—		12	4		13	7		12	22		57	84		13	7		5	—					
1948	111	108		32	10		111	108		32	10		61	4		10	31		3	6		4	2		22	13		1	2		44	63		61	8		1	12		2	2					
1949	97	109		29	6		97	109		29	6		65	35		9	6		2	1		—	—		8	1		9	13		56	29		67	86		10	3		9	6					
1950	93	119		28	6		93	119		28	6		79	40		5	23		3	—		—	—		3	7		6	8		38	33		66	80		11	3		19	6					
1951	94	111		19	4		94	111		19	4		58	29		15	22		2	—		—	—		7	3		2	—		45	36		58	78		5	—		22	6					
1952	71	110		17	5		71	110		17	5		60	23		6	13		5	2		—	—		3	11		1	1		9	13		5	—		45	14		46	69		9	3	14	8
1953	64	96		18	6		64	96		18	6		52	36		6	13		5	2		—	—		2	1		1	1		7	15		7	3		42	21		45	66		5	1	10	15
1954	58	97		10	6		58	97		10	6		42	27		7	11		3	3		—	—		3	7		1	1		32	16		44	74		3	2		8	11					

BACTERIOLOGICAL AND PATHOLOGICAL SPECIMENS

Table 52 gives details of the bacteriological and pathological specimens sent for examination to the Public Health Laboratory at Conway.

TABLE 52

Faeces (for the presence of food poisoning organisms)	...	...	148
Nose and Throat Swabs (for the presence of Haemolytic Streptococci)			23
Nose and Throat Swabs (for Diphtheria Bacilli)	...	...	15
Food and Containers (for the presence of food poisoning organisms)			1
Urine	...	...	1
Anal (Threadworm)	...	...	22

HEALTH EDUCATION

A great deal of time, energy and money could be expended on Health Education, but its success is inevitably associated with the manner in which it is accepted and appreciated by members of the public. It has, therefore, to be presented to the public in a form which is attractive and arresting, at a time suitable to the public, and in places virtually chosen by the public. Health education must be taken to the public and not the public to health education.

The medical, Health Visiting and Nursing Staff of the Council have, therefore, been charged with the responsibility of educating and re-educating families residing in their areas in a way in which it will be best accepted. Advice given by a doctor to a mother in the privacy of his consulting room at a school or clinic, a hint from the midwife to a mother attending to her infant on her own hearth, personal advice by the Health Visitor given at the opportune moment—all will create a much better and more permanent impression than any advice given at a public lecture or meeting, if indeed one could persuade the public to attend such a meeting.

Assistant Medical Officers and the Health Visiting Staff attended an excellent two day Course held in Bangor by the Central Council for Health Education towards the end of the year on the methods of Health Education.

Health Education by personal contact in this way is, of course, supplemented by other means. In previous years, Health Exhibitions on a very comprehensive scale have been held in various centres in the county depicting the services provided under the National Health Service Act, and emphasising the essential points in the maintenance of good health.

The staff of the Health Department have given a series of lectures and demonstrations to School Canteen Staff. Constant contact is maintained with the School Meals Organiser and advice is frequently sought and given.

One rather unusual direction in which the Department has been active in the Health Education and Prevention of Illness sphere is the formation of the Caernarvonshire Clean Food Association on my recommendation in 1948. Although the progress of the Association is slow, it is, I believe, steadily consolidating and extending its position.

Posters and leaflets have been used extensively to draw the attention of the public to the part which they should play in maintaining their own and their children's health. Display sets loaned by the Central Council for Health Education have been shown at Infant Welfare Clinics and talks and displays given during Infant Welfare Clinic sessions.

The duties of the County Health Officer constantly bring him in contact with persons responsible for the production and selling of food-stuffs and for the preparation of food for sale in cafes and restaurants; milk producers, pasteurising establishments and milk retailers. The advice and guidance which he has given has been of considerable value in the prevention of infection and in the promotion of hygienic handling of food and milk supplies.

Home Safety Committees have been formed in Bangor and Caernarvon in conjunction with the Royal Society for the Prevention of Accidents in order to foster and encourage interest in the Prevention of Accidents in the Home. The Committees include members of the various voluntary organisations in the areas and members of the Medical and Nursing Staff of the Health Department. A panel of speakers has been enlisted to address public meetings and the co-operation of the Chief Fire Officer and the Road Safety Organiser have been secured to assist the Committees. Lectures and demonstrations have been given at Infant Welfare Clinic Sessions and exhibits displayed in various clinic premises, in addition to the distribution of posters and leaflets, and smaller exhibits have been displayed in shop windows in some areas. Films have been shown at meetings of the Committees and are to be displayed at public meetings during this year.

CHAPTER 10

HOME HELP SERVICE

This service is administered under the supervision of the County Superintendent who acts as Home Help Organiser, and local supervision is performed by the District Nurse/Midwives.

Thirty-five full time and four part-time Home Helps were employed at the end of 1954, and their service during the year has been of considerable benefit to the families they assisted. Many letters have been received expressing appreciation of the service.

The demand on this service has increased rapidly since its introduction and it is often most difficult to "ration" the service. The provision of a Home Help in the home has enabled many a mother to enter hospital for essential treatment which would otherwise have been denied to her. It has also been possible to nurse patients in their own homes whereas admission to hospital would otherwise have been unavoidable.

An analysis of the work performed during 1954 is given in this table :—

TABLE 53

Type of Case	No. of Cases on Register 1.1.54	No. of New Cases during the year	No. of Cases on Register 31.12.54
Maternity ...	3	93	5
Tuberculosis ...	6	9	4
Blind ...	—	3	1
General... ..	49	256	83
Totals ...	58	361	93

CHAPTER 11

MENTAL HEALTH SERVICES

Administrative arrangements continued as in 1953. Difficulties have occasionally arisen because Authorised Officers have not been available when required due to having to perform their other duties as Registration Officers and Welfare Officers for the County Council, and it has been impossible to recruit the staff of Mental Health Workers originally envisaged in the Council's proposals.

Close co-operation exists between the Medical Staff of the North Wales Hospital for Nervous and Mental Disorders and the staff of the Health Department. Interchange of reports has been of considerable value in the assessment and diagnosis of the several cases treated.

No voluntary Associations exist in the County for the care of Mental Defectives and mental patients, and no arrangements have been initiated for training Mental Health Workers.

Work Undertaken in the Community

- (a) No definite service can be provided because staff is not available. If the staff authorised in the Authority's proposals could be obtained, a comprehensive service could be established. I am convinced of the necessity and the advantages of a fully co-ordinated preventive service functioning in close collaboration with the Hospital Service.

Appropriate action and assistance in the early stages of mental illness can prevent the patient becoming worse, and in many cases it has been possible to avoid admission to a Mental Hospital. But two important and essential conditions are necessary—firstly, finding and treating the patient in the earliest stages of the disease, and secondly, employing expert and efficient staff (Psychiatric Social Workers) to deal with the patient in his home and work environment under the direction of the Medical Psychiatrist. All aspects of the patient's environment and circumstances have to be considered and, if necessary, ameliorated or altered. Among the most important matters that need consideration are the patient's work, his relations with his family and the other members of the community, and the proper use of his leisure time. Attention given to these matters consumes much time and energy but produces very satisfactory and lasting results.

The conditions which apply to the successful treatment of early mental disease apply also with equal force to success in dealing with patients discharged from hospital. It is now generally recognised that a patient discharged from a Mental Hospital requires very special care and assistance if he is to resettle easily, effectively and permanently in the community.

- (b) Particulars of patients with whom duly Authorised Officers were concerned under the Lunacy and Mental Treatment Acts 1890-1930 are given in Table 54.

TABLE 54

	Admitted 1954	Discharged 1954
Certified	63	57
Voluntary Patients ...	163	164

Details concerning the ascertainment of Mental Defectives are given in this table.

Training is not provided for defectives at home nor at Occupation Centres.

TABLE 55

	During 1954				Total at 1st January, 1955			
	Age under 16		Age 16 and over		Age under 16		Age 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
1. CASES REPORTED—								
(a) By Local Education Authority :								
(i) While at School or liable to attend school	4	3	—	—	—	—	—	—
(ii) On leaving Special Schools ...	—	—	—	—	—	—	—	—
(iii) On leaving Ordinary Schools ...	—	—	—	—	—	—	—	—
(b) By Police or Courts	—	—	—	—	—	—	—	—
(c) Other Sources	1	2	6	4	—	—	—	—
(d) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	1	1	2	—	—	—	—	—
(e) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a)	4	3	—	3	—	—	—	—
TOTALS	10	9	8	7	—	—	—	—
2. DISPOSAL OF CASES—								
(a) Those "Subject to be dealt with":								
(i) Placed under Statutory Supervision	5	5	4	2	19	19	47	22
(ii) Placed under Guardianship ...	—	—	1	2	—	3	16	23
(iii) Taken; to "Place of Safety" ...	—	—	1	—	—	—	3	—
(iv) Admitted to Hospitals	—	—	—	—	10	6	36	47
(b) Not "Subject to be Dealt With":								
(i) Placed under Voluntary Supervision	1	1	2	—	2	1	35	20
(ii) Action unnecessary	—	—	—	—	—	—	—	—
TOTALS	6	6	8	4	31	29	137	112

CHAPTER 12

MILK SUPPLIES

I have received this report from the County Health Officer :—

“ TO THE COUNTY MEDICAL OFFICER OF HEALTH.

DEAR SIR,

Supervision and Licensing of Pasteurising Establishments

During the year I have inspected the pasteurising establishments in the County frequently. A very small quantity of milk produced in the County is now sold in its raw state, the vast remainder amounting to millions of gallons annually is pasteurised and not only distributed locally but to areas outside the County. Milk more so than any other food is an extremely good vehicle of infection, and this fact is of great importance where pasteurised milk is concerned because despite the fact that all pathogenic organisms are destroyed in the process of pasteurisation, unless great care is exercised by dairy staffs, the milk might become contaminated afterwards. Taking this factor into mind and the fact that this milk is delivered into almost every home in the County, together with a vast number of homes outside, the number of people at risk from this essential food is very large and a constant vigil must be maintained. I have this year made 101 visits to these dairies, many more than in previous years, and apart from the usual duties involved in the inspection of such premises, I have frequently taken operators aside and impressed on them why their particular work should be done with the utmost care and attention to prevent infection of the milk. This procedure, I regret to say, is negatived on occasions, because the operator does not possess sufficient elementary knowledge to understand what has been told him. It is to be regretted that a large number of dairy operators are only remotely acquainted with dairy hygiene.

Many structural improvements have been made in these plants, and new machinery and equipment installed. After persisting with my views to the management of one dairy, the structure and layout of which has presented difficulties, I am hopeful of being able to report quite extensive improvements before very long.

Samples of milk taken at these dairies and the schools they supply amounted to 292 during the year, and all satisfied both the Methylene Blue Test for keeping quality and the Phosphatase Test indicating complete pasteurisation. Many more empty bottles were taken for examination, than were taken in previous years and these were all reported satisfactory.

Towards the latter part of the year two applications for licences were received from existing dairies to pasteurise. After much additional structural work was done to the premises, the installation of new machinery, the dairies brought up to the required standards in all respects, the licences were granted. I am able to report that they are functioning very well and samples of both milk and bottles have been satisfactory.

**The Milk (Special Designation) (Pasteurised and Sterilised Milk)
(Amendment) Regulations, 1953**

As intimated in my previous report these Regulations became operative on the 1st October, 1954, and were, I believe, instrumental in deciding the two new pasteurisers to make their applications.

It is regrettable that milk which has been pasteurised may still be sold loose out of cans in the street, and it is hoped that when the milk regulations will be consolidated and amended, and this, I understand, is the Government's intention, that legislation will be brought in to stop this antiquated and unhygienic method of distributing milk.

TABLE 56

PASTEURISING ESTABLISHMENT

No. of premises on register at the beginning of the year	...	...	...	4
Number of licences granted during the year	...	...	...	2
Number of licences cancelled during the year	...	...	...	—
Number of premises on register at the end of the year	...	...	...	6

TABLE 57

INSPECTION OF PLANT

Number of plants on register	...	...	...	...	...	6
Number of inspections during the year	...	...	...	...	...	101
Number of notices served	...	...	...	...	...	—
Number of notices complied with	...	...	...	...	...	—

Herd Sampling for the Presence of Tubercle Bacilli

During the year samples of milk were taken from producers of both T.T. and undesignated milk, whose product was distributed to the consumers in its raw state. During the course of the period under review several undesignated producer-retailers were struck off the register of the Ministry of Agriculture and Fisheries, because conditions under which the cows were housed did not come up to the required standards. Many other producer-retailers relinquished the retailing part of their business and sold their milk for pasteurisation, whilst others improved the quality of their cowsheds and were granted T.T. licences. These notable changes contributed largely to the vastly improved position as far as the safety of the consumer is concerned. Another welcome feature during 1954 was

the making of a specified area by the Ministry of Food, under Section 19 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, comprising of Llandudno, Llandudno Junction, Conway, Penmaenmawr and Llanfairfechan. As from the 1st April, when this area was specified, the use of a special designation was obligatory for the purpose of the sale of milk to the consumer. All these factors help to achieve the aim of safeguarding the milk from tubercle bacillus infection, and this might result in lowering the incidence of Non-respiratory Tuberculosis, particularly among children, who are extremely susceptible because milk forms quite a large portion of their diet. The annual return for the County under the Public Health (Tuberculosis) Regulations, state that one male and one female under 10 years and two males and one female under 15 years but over 10 years, were notified. These figures indicate a considerable reduction of notification over previous years.

A total of 280 samples were collected for biological examination and one sample only was reported positive. This sample came from a small ungraded herd; one cow being traced later and slaughtered, under Tuberculosis Order 1938. The owner afterwards relinquished his licence for producing and retailing milk. All raw milk supplied to schools under the Milk in Schools Scheme was submitted for biological examination and all was reported satisfactory.

The Public Health Laboratory, Conway, was equipped to examine biological samples and the bulk of the samples were sent there instead of to the Ministry of Agriculture Research Laboratory, Bangor, and a guinea per sample for the examination was, therefore, saved amounting to £286 during the year.

Brucella Abortus

The work commenced last year to trace cows, whose milk is delivered direct to the consumer, excreting brucella organisms in their milk, was continued with some measure of success. The 280 samples submitted for tubercle bacillus examination were also examined for brucella abortus, and 11 of which were reported showing evidence of brucella infection. These infected samples consisted of 8 from T.T. herds and 3 from ungraded herds. The Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries and the District Medical Officer of Health were informed of these infections, so that investigations could be made of the herds and that the consumer could be protected respectively. Having been informed that the Ministry of Agriculture and Fisheries could not take official action in these instances, I continued with investigations. A further 105 samples were taken from the 11 herds involved, and at the end of the year the infected cows were traced in 7 of them; one T.T. herd having 2 cows affected, making a total of 8 cows. The excellent co-operation of the producers concerned helped considerably during my investigations, and subsequently without being pressed by me, fattened these infected cows for slaughter. Investigations are continuing with regard to the remaining herds, where the infected cows have not been traced.

TABLE 58

Sampling for *Brucella Abortus* for the Year 1954

Grade of Milk	Number of initial samples taken	Number of subsequent samples taken	Total number taken	Negative	Positive
Tuberculin Tested ...	118	89	207	200	7
Ungraded ...	161	15	176	173	3
T.T. Pasteurised ...	1	—	1	1	—
TOTALS ...	280	104	384	374	10

TABLE 59

Sampling for Tubercle Bacilli

Grade of Milk	Number of Samples Taken	Number Positive	Number Negative
Tuberculin Tested ...	118	—	118
Ungraded ...	161	1	160
Pasteurised ...	—	—	—
T.T. Pasteurised ...	1	—	1
Totals ...	280	1	279

TABLE 60

Bacteriological Sampling

GRADE OF MILK	BACTERIOLOGICAL RESULTS											
	METHYLENE BLUE TEST						PHOSPHATASE TEST					
	Number Taken		Number Satisfactory		Number not Satisfactory		Number Taken		Number Satisfactory		Number not Satisfactory	
	P.P.	S.	P.P.	S.	P.P.	S.	P.P.	S.	P.P.	S.	P.P.	S.
Tuberculin Tested	—	23	—	23	—	—	—	—	—	—	—	—
Ungraded ...	—	15	—	15	—	—	—	—	—	—	—	—
Pasteurised ...	47	182	47	182	—	—	47	182	47	182	—	—
T.T. Pasteurised	48	15	48	15	—	—	48	15	48	15	—	—
Totals ...	95	235	95	235	—	—	95	197	95	197	—	—

P.P.—Pasteurising Plants

S.—Schools

G. RICHARDS,
County Health Officer."

CHAPTER 13

CAERNARVONSHIRE CLEAN FOOD ASSOCIATION

The County Health Officer has prepared this Report on the progress made during 1954.

“ TO THE COUNTY MEDICAL OFFICER OF HEALTH.

DEAR SIR,

The nature of this side of preventive health work in particular makes it extremely difficult to assess the amount of effective work done and the results are rather unspectacular. When one looks however at the conditions of food premises in retrospect, much has been achieved. This advancement must continue and this Association with its modest rate of achievement is making a steady valuable contribution towards better conditions in food premises in the county. It is not an Association which aims at improvement by means of coercion but by teaching, subsequently relying on the fact, as far as tradespeople are concerned, that it is a good business proposition to indulge in clean practices. There is no doubt that this side of health education needs more vigorous support, and despite the fact that all Local Authorities recognise this need, comparatively few have done any groundwork.

A medical adviser to a firm of food manufacturers stated recently that ‘ Cleanliness is an attitude of mind ; people could no more be compelled to be clean than they could be compelled to be loyal. In essence, food hygiene must rely on a combination of soap and water, commonsense and common decency.’ Many local authorities encourage voluntary participation by the tradespeople in the Clean Food Campaign. The City of Birmingham set up a Clean Food Guild a year ago, and several other authorities have formed similar agencies for the promotion of hygiene principles in our food shops in recent years. Still more active participation by the District Councils of the County is desirable to foster the interest and co-operation of the traders. However, it has been gratifying to find that a considerable amount of work has been done by the Sanitary Inspectors in improving the conditions in food premises. Food legislation has for some time past, been passing through a period which might be described as unsettling for the officers concerned with its enforcement. The cause and effect of this procrastination has been a matter of disappointment, because with the anticipation of new measures of control, some inspectors no doubt have refrained from demanding of traders the execution of improvements, when they might within a short time have to make further demands at the same premises when the new legislation becomes operative.

During the year I have given 39 lectures to Women’s Organisations in the County. Some time ago I communicated with the Secretary of the Diocesan Council to see whether the churchwomen in the County would

be interested in inviting me to talk to them about clean food and the aims of the Association. The response was very encouraging and I have already given talks to several groups.

Having called at a school on another matter, the headteacher asked me if I would give an impromptu talk on 'Milk' to his class. I was very glad to do this and gave a talk for a period of 15 minutes. This spark of interest was in my opinion very encouraging and might reflect the feelings of many more headteachers, that short talks on topics concerning the preventive side of Public Health would be appreciated in other schools in the county."

TABLE 61
Total Membership at the End of 1954

Councils	No. of Applications Received	Number of Certificates Issued							
		Hotels	Cafés	Fish and Chip Shops	Butchers	Fish Mongers	Schools	Grocers	Total
Bangor M.B. ...	5	—	—	—	—	—	5	—	5
Bethesda U.D. ...	1	—	—	—	—	—	1	—	1
Betwsycoed U.D. ...	2	1	—	—	—	—	1	—	2
Caernarvon M.B. ...	18	3	3	1	3	1	3	—	14
Conway M.B. ...	2	—	—	—	—	—	2	—	2
Criccieth U.D. ...	12	2	6	—	1	1	—	2	12
Gwyrfaï R.D. ...	16	—	—	—	—	—	16	—	16
Llandudno U.D. ...	5	—	—	—	—	—	5	—	5
Llanfairfechan U.D. ...	—	—	—	—	—	—	—	—	—
Lleyn R.D. ...	13	3	—	—	—	—	10	—	13
Nant Conway R.D. ...	18	6	4	1	—	—	4	—	15
Ogwen R.D. ...	4	—	—	—	1	—	3	—	4
Penmaenmawr U.D. ...	3	—	1	—	—	—	2	—	3
Portmadoc U.D. ...	9	2	4	—	1	—	1	1	9
Pwllheli M.B. ...	—	—	—	—	—	—	—	—	—
Totals ...	108	17	18	2	6	2	53	3	101

G. RICHARDS "

CHAPTER 14

FOOD SUPPLIES

These are extracts from the report of the Chief Sampling Officer for the year ended 31st March, 1955.

“The year under review is notable for two reasons—the number of samples taken was the highest ever, and the results in so far as milk is concerned are the worst ever.

A total of 791 samples consisting of 642 milks, 137 other foods and 12 drugs were taken for examination and analysis. The Department analysed 449 milks and sent another 193 to the Public Analyst. In addition 34 other foods consisting mainly of alcoholic spirits were tested by the Department. As a result of the department's work in this connection, a saving of over £530 has been effected in analyst's fees.

It appears that nearly 20 per cent of the samples of milk taken were reported to be unsatisfactory. That is, one out of every five samples were below standard. It must not, however, be concluded that the milk produced in this County is of such a poor quality as is on the face of it indicated by these figures. The milk produced at 464 farms and creameries was sampled and the unsatisfactory samples obtained were all from 34 premises. It will thus be appreciated that only 7 per cent of the producers and distributors were concerned with the samples reported as not genuine. The other producers, that is the remaining 93 per cent, produced milk of good quality, above standard and free from any impurities and foreign matter.

There was a substantial increase during the year of offenders guilty of selling milk containing added water. The adulteration ranged from 4 to 50 per cent and the deficiency in fat ranged from 8 to 55 per cent. No proceedings, however, were taken for any samples deficient in fat as the ‘appeal to cow’ samples proved in every instance the cows producing milk below standard. The producers of all milks reported to be below the standard for Solids-not-fat but containing no added water were advised to contact the Milk Advisory Service with the view to obtaining advice as to ways and means of improving milk quality.

There was also more than the usual number of samples reported to contain either impurities in the form of dung or sediment and other foreign bodies. It is significant that most of such samples were submitted by members of the consuming public, a fact which seems to indicate that consumers are becoming increasingly conscious of the necessity for clean food.

There was very little to complain of with the results obtained from the analysis of all other foods, and the quality of sausages produced in this County is being well maintained in spite of the fact that the statutory standard for meat content has been abandoned.

The qualitative and hygienic standard of the foods sold and consumed in the county is generally of high standard.

Samples Found to be Not Genuine

Result of Analysis							No. of Samples	
MILK	Containing	0-5	per cent	added water	...	...	...	11
	„	5-10	„	„	...	...	...	8
	„	10-15	„	„	...	...	...	2
	„	15-20	„	„	...	...	...	1
	„	30-35	„	„	...	...	...	2
	„	35-40	„	„	...	...	...	2
	„	45-50	„	„	...	...	...	2
	0-5	per cent	deficient in fat	...	...	...	...	1
	5-10	„	„	...	...	...	...	4
	10-15	„	„	...	...	...	...	2
	15-20	„	„	...	...	...	...	1
	20-25	„	„	...	...	...	...	4
	30-35	„	„	...	...	...	...	2
	40	„	„	...	...	...	...	1
	47	„	„	...	...	...	...	1
	55	„	„	...	...	...	...	1
	Deficiency in solids	not fat.	No added water	...	...	...	...	76
	Bottles containing	sediment (mainly dung)		...	...	...	...	5
	„	foreign matter		...	...	...	...	2
	„	aluminium caps		...	...	...	...	2
	Bottle containing	pieces of glass	...	...	...	...	...	1

OTHER COMMODITIES

Blackcurrant Jam—Fruit content 15 per cent instead of 25 per cent	...	...	...	...	...	1
Plum Jam—1.5 per cent deficient in Soluble Solids	...					1
Marmalade—Deficient in Soluble Solids	...	...	...	...	...	1
Salt—excess of insoluble matter	...	...	...	...	...	1

Other Food Samples Analysed and Found Genuine were

Milk (510), Spirits (35), Dried Fruit (10), Jam (9), Ice Cream (8), Margarine (8), Dripping and Fats (7), Rice (5), Mincemeat (4), Butter (4), Flour and Cake Mixture (3), Paste (3), Jelly (3), Custard Powder (3), Sweets (2), Dried Vegetable (2), Pickles (2), Sausages (2), Fruit Drinks (2), Sugar (2), Coconut (2), Cream (1), Salt (1), Coffee (1), Glucose (1), Peanut Butter (1), Vinegar (1), Welsh rarebit (1), Cake (1), Strawberry conserve (1), Pepper (1), Lemon Flavouring (1), Purified Mussels (1), Marzipan (1), Suet (1), Breadcrumbs (1), Oatmeal (1), Essence of Rennet (1).

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